

Session: 20 ____ -20 ____



Vidyasagar College Central Library

39 Sankar Ghosh Lane, Kolkata- 6

Dept:.....

Adm. ID:

Roll No:.....

Section:

For Office use only

Central Library Membership Form

Name of the student:

(In capital)

College Roll No.:

Year (put tick mark): 1st Sem 2nd Sem 3rd Sem

4th Sem 5th Sem 6th Sem

Hons./ General:

Address: (correspondence)

.....
.....

Address (permanent):

(Mention 'DO' if both
are same)

.....
.....

Contact No.:

Contact No. (Alternative):

Email ID:

Received the Library Cards

Date:

Signature in full

To be filled by the student

Acknowledgement

Applied for the Central Library Membership as on (Date)

(Name), Roll No.:

Section Session Contact No.:

Signature of Dealing Assistant

Paste
your recent
self attested
passport size
photograph