Shri Balasaheb Mane Shikshan Prasarak Mandal Ambap’s

**ASHOKRAO MANE GROUP OF INSTITUTIONS**

**Faculty of Engineering/MBA.**

Vathar Tarf Vadgaon, Tal. Hatkanangle Dist. Kolhapur.

**Library Membership Form (Student)**

**Date of Admission:**

**Class: PHOTO**

**Receipt No.:**

**To,**

**Librarian**

**AMGOI, Vathar Tarf Vadgaon**

**I undersigned desired to seek membership in your library for the academic year 20 -20 studying in class……………….Branch:………………………………….**

**Personal Information:**

**1. Name in Full (Beginning with surname ):………………………………………………………………………**

**2. Male/Female :………………………………………………………………………………………………………………**

**3. Parent’s Guardian’s Occupation:……………………………………………………………………………………**

**4. Parent’s Guardian’s Address (Permanent address):………………………………………………………**

 **……………………………………………………………………………………………………..**

**5. Residence Phone No. ……………………………………………………… Mob No.:………………………………**

**6 Email:……………………………………………………………………………………………………………………………**

**7 Local Address:………………………………………………………………………………………………………………**

**I hereby declare that the information given above is true the best of my knowledge. I assure to obey all the rules and regulations laid down by the library authorities from time to time.**

**Yours faithfully,**

 **(Signature of student)**

**…………………………………………………………………………………………………………………………………………………**

**For library use only**

**Library card No/Membership No………………………………Signature of library staff:………………………**

**Librarian**

Shri Balasaheb Mane Shikshan Prasarak Mandal Ambap’s

**ASHOKRAO MANE GROUP OF INSTITUTIONS**

**Faculty of Engineering/MBA.**

Vathar Tarf Vadgaon, Tal. Hatkanangle Dist. Kolhapur.

**Library Membership Form (Staff)**

**PHOTO**

**To,**

**Librarian**

**AMGOI, Vathar Tarf Vadgaon**

**I undersigned desired to seek membership in your library for the academic year 20 -20 joining in the department of ………………. ………………………………….**

**Personal Information:**

**1. Name in Full (Beginning with surname):………………………………………………………………………**

**2. Male/Female :……………………………………Date of Joining:………………………………………………..**

**3. Designation:………………………………………Department:…………………………………………………….**

**4. Permanent address:………………………………………………………………………………………………………**

**5. Residence Phone No. …………………………………………………Mob No.:……………………………………**

**6 Email:……………………………………………………………………………………………………………………………**

**7 Local Address:………………………………………………………………………………………………………………**

**I hereby declare that the information given above is true the best of my knowledge. I assure to obey all the rules and regulations laid down by the library authorities from time to time.**

**Yours faithfully**

**(Signature of staff)**

**H.O.D Librarian Director/Office superintendent**

**…………………………………………………………………………………………………………………………………………………**

**For library use only**

**Library card No/Membership No………………………………Signature of library staff:………………………**