

Bangabasi Evening College
19, Rajkumar Chakraborty Sarani, Kolkata700009

Library Membership Form

Paste your photo

Date: _____

Card No. (Official Use)	
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Name of the Applicant _____

Father's / Guardian's Name _____

Date of Birth ___/___/___ (dd/mm/yyyy) **Gender** Male Female Other

Permanent Address _____

Contact Number _____ **Email Id** _____

Course/Stream : BA/B.Sc/B.com/B.Voc/ M.Sc **Hons./ General** (Please tick whichever applicable)

Department: _____ **Session:** _____

Roll No. _____ **Membership Type** Lending/ Reference/ Both

Declaration

I, _____, hereby declare that the information provided above is true to the best of my knowledge. I agree to abide by the library rules and regulations, and will be responsible for any loss or damage to books or library property issued in my name.

Signature of Applicant: _____ **Date:** ___/___/___

For Library Office Use Only

Library Card No. _____

Date of Issue ___/___/___ **Valid Upto** ___/___/___

Verified By

Librarian's Signature & Seal