

Form No.

Library Card No.

SRIKRISHNA COLLEGE LIBRARY

Session: _____

Fee deposited on _____

No. _____

BA / BCOM / BSC

signature _____

P.O.- Bagula, Dist.- Nadia, Pin- 741502

Website- srikrishnacollegebagula.org

e-mail- iamthelibrarian@gmail.com

Application for Library Card

Affix your recent **passport** size photo here and attach one identical **stamp** size photo with the application.

Name of the Applicant : _____

College ID : _____ Roll No.: _____

Name of the Guardian : _____ Relation _____

Date of Birth : ____ / ____ / ____ Gender : Male Female others

ADDRESS	Present Address	Permanent Address
	_____ _____ Dist.- _____ Pin- _____	_____ _____ Dist.- _____ Pin- _____

Contact No. 1. _____ 2. _____

e-mail _____

Course opted

B.A.	<input type="checkbox"/>	Honours	<input type="checkbox"/>	of	1 st Year	<input type="checkbox"/>
B.Com	<input type="checkbox"/>	General	<input type="checkbox"/>		2 nd Year	<input type="checkbox"/>
B.Sc.	<input type="checkbox"/>				3 rd Year	<input type="checkbox"/>

Subject taken Honours _____ (Mention 1 subject with 2 general subjects)

General 1. _____ 2. _____ 3. _____

Declaration
I declare that all the statements made above are true to best of my knowledge and I will follow the rules & regulations of the library.

Date : _____
Place: _____
Signature of the student _____

Library Use Only

Name of the Applicant : _____
 College ID _____ Roll No. _____ Lib. Card No. _____
 Subject taken: Honours _____ General _____
 Form deposited on _____ Card will delivered _____
 _____ (Librarian)