GURUCHARAN MEDHI LIBRARY
MORIGAON COLLEGE (AUTONOMOUS)
MORIGAON, ASSAM, PIN-782105

LIBRARY MEMBERSHIP FORM

Name of the Student ……..…….
Father's / Guardian's Name……

Mother's Name…….……...

Date of Birth ……..…/……..…/…….……..(dd/mm/yyyy)

Class in which admitted : FYUGP Arts/Science/Commerce/B.Voc/BCA

PG MA/MSc ITEP

Semester I/II/III/IV/V/VI/VII/VIII

HS Arts/Science, 1st Year/ 2nd Year

Roll No …….. Department……

Major Subject (FYUGP)……..

Nationality……..Religion…….....

Caste: General/OBC/SC/ST

Present Address: Vill/Town……PO……...

Dist…….Satate…..…….Pin……...…

Mobile No……..……e-mail……

Permanent Add.: Vill/Town……PO……...…

Dist…….Satate…..…….Pin……...

Name of the Local Guardian……..……

Declaration:-

I declare that I am committed to follow all the rules and regulations of the library and accept penalties if I break those norms.

Date……. ……...

Place…… (Signature)