



ARIHANT COLLEGE OF ART'S, COMMERCE & SCIENCE, BAVDHAN, PUNE.
LIBRARY AND KNOWLEDGE RESOURCE CENTRE.

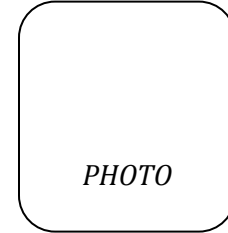
LIBRARY MEMBERSHIP APPLICATION FORM (FOR STUDENTS)

ACADEMIC YEAR 2019-20

1. **FULL NAME (IN BLOCK LETTER) :** _____
 2. **DATE OF BIRTH** : / /
 3. **BLOOD GROUP** : _____ **ID.NO.** _____
 4. **ADMISSION RECEIPT NO** : _____ **DATE** _____
 5. **STREAM -:** : _____ **11th/12th/FY/SY/TY**
 6. **DEPARTMENT** : _____
 7. **OPTIONAL SUBJECT** : _____ , _____ , _____
 8. **YEAR OF ENROLLED** : _____
 9. **PRESENT ADDRESS** : _____

 10. **PEREMANENT ADDRESS** : _____

- MAIL ID** : _____
- CONTACT NO** : _____



UNDERTAKING

I agree to abide by the library rules and regulations enforced from time to time and to pay the replacement value of the books and other material lost, damaged or destroyed whilst in my possession, and will take proper clearance from the library before leaving the Institute.

Date: _____

Place: _____

Signature of Student