

Women's College, Tinsukia Library Membership Form
For
Local Institution/Centre

1. Name of Institution/Local Centre:

.....

2. Address:

.....

.....P.O.....

PIN.....District.....

.....

3. Phone/Mobile no.

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4. Authorized person to distribute books within the Institution/Local centre:

a. Name:

.....

b. Address:

.....

.....P.O.....

PIN.....District.....

.....Mobile/Ph no.....

Email Id.....

Declaration

I /
on behalf of the Intuition/Local Centre take the sole responsibility of distributing books among students and returning the same to Women's College, Tinsukia Library as per the library rules.

Signature

Date:.....

Place:.....

.....

Date: / /

Receiver's Signature

