

**WOMEN'S COLLEGE, TINSUKIA, ASSAM**  
LIBRARY MEMBERSHIP FORM

To,  
The Librarian,  
Women's College, Tinsukia

Date: \_\_\_\_\_

Sir/Madam,

Kindly enroll me as a member of your Library. I mention below all my relevant particulars. I promise to abide by all Library rules applicable from time to time. I would be liable to pay any dues which I may owe due to my negligence or infringement of Library rules.

1. Name (In Block Letters) \_\_\_\_\_

2. Date of Birth \_\_\_\_\_

3. Class \_\_\_\_\_ Sec. \_\_\_\_\_ Roll No. \_\_\_\_\_

4. Major Subject \_\_\_\_\_

5. Present Local Address :

Father/Guardian Name \_\_\_\_\_

P. O. \_\_\_\_\_

PIN \_\_\_\_\_

Dist. \_\_\_\_\_

6. Permanent Address :

Father/Guardian Name \_\_\_\_\_

P. O. \_\_\_\_\_

PIN \_\_\_\_\_

Dist. \_\_\_\_\_

Phone No. \_\_\_\_\_

Signature of the Applicant

