

RAMANUJAN CENTRAL LIBRARY

Indian Institute of Engineering Science and Technology, Shibpur
P.O. Botanic Garden, Howrah 711 103, West Bengal, India, E-mail: rcl.iests@gmail.com

APPLICATION FOR MEMBERSHIP OF THE LIBRARY (FOR STUDENTS)

ID No.	<input type="text"/>	Centre/Dept./School	<input type="text"/>
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Name of the Student (in block letters)	Sri <input type="checkbox"/>	Shrimati <input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px; text-align: center;">2 copies Stamp Size colour Photograph 2 X 2.5 cm</div>
First Name	<input type="text"/>		
Middle Name	<input type="text"/>		
Surname	<input type="text"/>		

Session	<input type="text"/>	--	<input type="text"/>	Roll No.	<input type="text"/>	Course	<input type="text"/>
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<u>Address of the Student</u>	<u>Particulars of Guardian</u>
Address <input type="text"/>	Name <input type="text"/>
<input type="text"/>	Relationship with student <input type="text"/>
Vill./Town <input type="text"/> P.O. <input type="text"/>	Vill./Town <input type="text"/> P.O. <input type="text"/>
Police Station <input type="text"/>	Police Station <input type="text"/>
State/Country <input type="text"/>	State/Country <input type="text"/>
E-mail <input type="text"/>	E-mail <input type="text"/>
Mobile No. <input type="text"/>	Mobile No. <input type="text"/>

DECLARATION BY THE STUDENT

I do hereby declare that

1. The information given above are true to the best of my knowledge and belief
2. I shall scrupulously abide by the Rules of the Ramanujan Central Library of the Institute, and
3. I shall be liable to replace the library materials if the same is lost or damaged under my custody.

Date:

Signature of the student

FOR OFFICE USE ONLY

Membership No.:

Valid upto:

Signature of Library Staff:

Date of withdrawal/Ceased:

Reason:

Signature of Library Staff: