



**DHAKUAKHANA COLLEGE
DHAKUAKHANA-787055
LIBRARY**

LIBRARY MEMBERSHIP FORM

*Paste your
recent stamp
size
photograph*

Do not Staple

To,
**The Librarian,
Dhakuakhana College**

Sir,
I wish to enroll as a member of the Dhakuakhana College Library, Dhakuakhana. I will abide by the rules and regulations of the Library.

Personal Details,

*1. Full Name (in capital letters).....

*2. Semester/ HS: Roll No: Department /Stream:

*3. Permanent Address with Guardian's Name and Contact No:
.....
.....

*4. Present Address.....

*5. Contact No of the Student (M)

*6. Email Id (if any):

*7. Name and Address of a Local Guardian/Person as Reference in support of your Membership with their Phone Number (If any)
.....
.....

I hereby declare that the information given above is true to the best of my knowledge.

Dated.....
(Note: * mandatory field)

Signature of the candidate

For office Use Only

Date of Joining in the Library.....
Card No/ID No.

Member ID:

Checked by Library Assistant:

Approved by Librarian

*** (Please submit this form along with one additional copies of recent stamp size photograph in college uniform to the "Office of The Librarian, Dhakuakhana College within seven days after the commencement of the classes).**

*** Students will have to bring their admission receipt while collecting their "Master Library Card".**