

**M. B. More Foundation's**  
**Arts, Commerce and Science Women College**  
**Arts, Commerce and Science Junior College**  
At – Dhatav, Tal – Roha, Dist– Raigad

**Department of Library**  
**Membership Form**

Mr. / Miss                      Last Name                      First Name                      Middle Name

1. NAME : \_\_\_\_\_

2. LIBRARY CODE No. : \_\_\_\_\_ (for Office Use Only)

3. MEMBER TYPE : \_\_\_\_\_

(Student / Teaching / Non-Teaching)

4. DATE OF BIRTH : \_\_\_\_\_ (DD /MM /YY)

5. YEAR OF JOINING : \_\_\_\_\_

6. DEPARTMENT / FACULTY : \_\_\_\_\_

7. CLASS : \_\_\_\_\_

8. ROLL NO / PERMANENT NO. : \_\_\_\_\_

9. PRESENT ADDRESS

PERMANENT ADDRESS


10. PHONE (LANDLINE) : \_\_\_\_\_

11. MOBILE NO. : \_\_\_\_\_

12. EMAIL ID : \_\_\_\_\_

**Note : - Please fill all aforesaid information for creating of membership, failing which membership shall not be created.**

SIGNATURE  
(MEMBER)

SIGNATURE  
(LIBRARIAN)

