

DIAMOND HARBOUR WOMEN'S UNIVERSITY
CENTRAL LIBRARY

MEMBERSHIP APPLICATION FORM

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Name (in Block Letters):

Guardian's Name:

Permanent Address (in full):

Village. / Street		P. S.	
P. O.		District	
Pin Code		State	
Contact Number Of Applicant		Contact Number of Guardian	

Department:

Course:

Class Roll No:

Email :

Declaration

I hereby declare that the details furnished above are true to the best of my knowledge and I will abide by the rules and regulations of the Central Library.

Full Signature of the Applicant:

Date:

Forwarded by the Head of the Department/ Coordinator
Seal

For Office Use

Card No:

Signature of the Official