



Khalapur Taluka Shikshan Prasarak Mandal's  
**K.M.C. COLLEGE, KHOPOLI**  
**LIBRARY DEPARTMENT**  
**STUDENTS MEMBERSHIP FORM**

Date :     /     / 20

To,  
The Librarian,  
K.M.C. College, Khopoli.

Dear Sir,

I have taken admission in \_\_\_\_\_ Class for the Academic year  
20    - 20    by admission Receipt No. \_\_\_\_\_ dt. \_\_\_\_\_ Therefore you are kindly  
requested to issue one Library membership card to avail the Library facility.

Student Full Name : \_\_\_\_\_  
(Surname)                      (First/Own                      (Father's/                      (Mother's/  
Name)                      Husband's Name)                      Maiden Name)

Class : \_\_\_\_\_ Roll No.: \_\_\_\_\_

Student Full Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile No. : \_\_\_\_\_ E-mail Id : \_\_\_\_\_

Thanking you,

Your's faithfully

Student's Signature

Note : All students are requested to submit this form to Library Department for issue of Library Card. Library Card will be issued within One Month of taking admission.