



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 Name)	(Father's/Husband's Name)	(Mother's/Maiden Name)
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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.