Padmabhushan Dr. Vasantraodada Patil Mahavidyalaya, Tasgaon Department of Library

Membership Form

| Academic Year: 20 20 | |
|----------------------|--|
| Application Form No. | |
| | |

The Librarian, P.D.V.P. Mahavidyalaya, Tasgaon – 416312 Paste here Your recent Photographs

Respected Madam,

Please enroll my name as a reader / borrower of the library, I have read the rules of the library and I will abide by these rules. Please issue me a Borrower Card. I am giving below the necessary particulars:

| 1. | Name in full | | | | | |
|----|---|-----------------|----------|-------------------------|--|--|
| | (Block Letters) | Surname | Name | Father's/Husband's name | | |
| 2. | Class | Roll No | | | | |
| 3. | Department / Subject (For Part 3 & P.G. students) | | | | | |
| 4. | Address of Resident: | | | | | |
| | | Village / City | | | | |
| | | Taluka District | | | | |
| | | | | | | |
| 5. | Permanent Address: | | | | | |
| | | | | | | |
| | | | District | | | |
| | | PIN Code | | | | |
| 6. | Phone(R):- | Mobile:- | E-mail | ID :- | | |
| 7. | Date of Birth | | | | | |

Yours Faithfully,

Signature of the reader

Note: Date of submission of Membership form on or before 30th September of the each academic year.