



SHREE L. R. TIWARI DEGREE COLLEGE

(Arts | Commerce | Science)

Approved by Government of Maharashtra & Affiliated to University of Mumbai

LIBRARY MEMBERSHIP FORM

COURSE & YEAR	
------------------------------	--

Roll No.	
-----------------	--

To,
The Librarian,
SLRTDC,
Mira Road , Mumbai.

Photo

Sir,

Kindly enroll me as member of the College Library. Below mentioned are the relevant particulars.

I promise to abide by all library rules which may be applicable from time to time. I would be liable to pay dues which I shall owe due to my negligence or due to infringement of library rules.

(Block Letter,)

Name in Full

Name

Father Name

Surname

Date of Birth

_____ (E-mail) _____

Residential Address

Pin

Mobile No.

(M)

(M)

I certify that the information given above is correct to the best of my knowledge.

Date :

Signature of the Applicant