

Shri Sant Tukaram Shikshan Prasarak Mandal's
ARTS, COMMERCE & B.B.A COLLEGE, Vadgaon Maval

Tal.Maval ,Dist.Pune-412106

No:

Date:

LIBRARY MEMBERSHIP FORM

To,

The Principal,
ARTS, COMMERCE & B.B.A COLLEGE, V adgaon Maval

Sir,

I am to request you kindly to issue me membership of this Library with Identity & Library Card .
I am giving the necessary Information as under

Full Name (In Block Letters)-----

संपूर्ण नाव मराठीत लिहणे

year	Class	Roll No.
20 - 20		

Full Address:-----

Date of Birth :-----

Mobile No:-----

Email.Id :-----

Aadhar No:-----

Blood Group :-----

ID NO:-----

Admission Receipt No : -----

Date -----

Applicant's Signature

Your's Faithfully.

Applicant's Signature

१.संपूर्ण फॉर्म कॅपिटल अक्षरात भरावा.
३.सहीसाठी दिलेल्या चौकोनातच सही करावी

२.नाव लिहिताना आडनावाने सुरुवात करावी.
४.नवीन फोटो फॉर्मवर लावावा.