

National Education Society,(R.).,Shimoga KAMALA NEHRU MEMORIAL NATIONAL COLLEGE FOR WOMEN,

LIBRARY & INFORMATION CENTRE FACULTY/STAFF APPLICATION FORM FOR LIBRARY MEMBERSHIP

Date:-----

Passpost size Photograph

Name of the Student	
(In Capital Letters)	
Date of Birth/Age/Gender	
Present Address	
Permanent Adress	
Contact Number Res.No.	
Mobile No.	
E-Mail.	
Blood Group	

Signature of the applicant

For Office Use Only		
Library Membership		
	Date To	Card Validity
		Librarian