



Current

Photo

SGT CENTRAL LIBRARY

SGT CENTRAL LIBRARY - MEMBERSHIP FORM

Subject:				
Name of Course:			-	
University Enrolment No:	Library Membership No			
Class Roll No	_(Given by office)		Session	
Name of Student (In Block Letters)			Date of Birt	h
Father's Name:	Mother's Name			
E-mail ID (Only running & Correct ID)				
Student Mobile No. (Only Working Mobile no)1		22		
Permanent Address:				
Postal Address:				
Residing in SGTU Hostel, please tick.	YES (NO ()
Hostel Name	Room No			
Recommendation of Dean Office				
I hereby certify that the above informatio	n is correct to the	best of my knowl	edge and belie	of.
Signature of Student		Signature	e of Dean Offic	ce in Charge
Date:		Signature Library In-Charge		