



AMOGHA[®] Institute of Professional and Technical Education

7th Mile Stone, Meerut Road, Merta, Ghaziabad - 201 003 (U.P.) Phone : 0120-2679071 Fax : 2711837

STUDENT LIBRARY MEMBERSHIP FORM

Type of Membership : Student / Others Membership No. Identity Card No.

Class / Course Session

To,
The Principal / Director
AMOGHA, Ghaziabad.

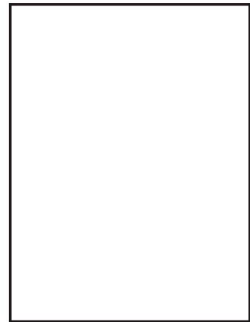
Sir,
I have been enrolled in the Institute and want to be a member of the library of the institute. I have submitted the security and fee of the library. My admission card no. is I have gone through all the rules & regulations of the Library (given at the back) and promise to follow them.

Date

Signature of Student

Other information related to me is as under :-

Name
Father's Name
Mother's Name
Date of Birth
Mailing Address
..... Mobile
Phone Email
Permanent Address



..... Phone :

I also want / donot want to be a member of the book bank of the library.

Declaration : I hereby solemnly declare and certify that the information given above is true & correct to the best my knowledge & belief.

Date

Signature of Student

(For Office Use only)

Mr./Ms. is allowed to be a member of the library.

Date.....

Librarian

Principal/Director