

# BIJNI COLLEGE LIBRARY

BIJNI COLLEGE, CHIRANG (BTAD), ASSAM. 783390

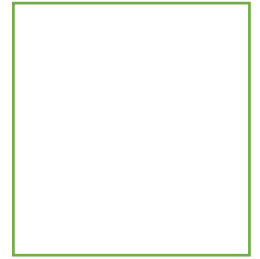
## Application Form for Library Membership (Teaching/Non-Teaching)

To,

The Librarian  
Bijni College, Library

Sir,

I wish to enrol as a member of the Bijni College Library, Bijni College, Bijni. I have read the rules and regulations of the Library and will abide by the same.



### Personal Details:

Full Name (In Capital)																					
Designation											Date of Birth (DD/MM/YY)										
Department																					

Present Address:	
Permanent Address:	

Contact No:		Email ID:	
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*I hereby declare that the information given above is true to the best of my knowledge. I am liable for legal action if any of the information given above is found wrong.*

Date: \_\_\_\_\_

Signature of the Applicant