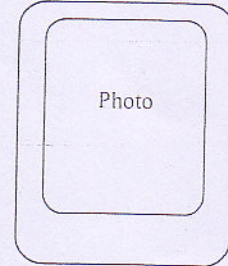




Roll No. _____

Government of Maharashtra
GOVT.COLLEGE OF EDUCATION, PARBHANI
DEPARTMENT OF LIBRARY
Membership Form

To,
The Librarian
Govt. College of Education,
Parbhani. M.s.



Sub - Regarding request of Library Membership.

Sir,

I would like to register my name for regular/Open University/External library membership. My personal details as per given below:

1. Full Name (Surname First) : _____
2. Name of School Methods : A) _____ B) _____ *year-I/II*
3. Name of optional subject : _____
4. Address STD Code & with Residential : _____
Telephone number / Mobile No. : _____
5. Permanent Address With pin code & Telephone number / Mobile No. : AT. _____ Post _____
Tq. _____ Dist _____
Pin _____ Tel.No. _____

I will intimate to the office if there is any change in the above information I know all rules/ regulations of Library & will strictly follow the rule in Library and reading room and college.

Signature of Member

For Official Use

1. Signature of Librarian of Membership sanctioned : _____
2. Date of issue of No Dues Certificate : _____
3. Date of Library deposit amount refunded : _____