



MEMBER CODE :

S.I.C.E.S Degree College of Arts, Science & Commerce

JambhulPhata, Chikhholi, Kalyan-Badlapur Road, Ambarnath(W)-421505
Affiliated to University Of Mumbai (M.S.)

Library Membership Application Form
2019-2020

Signature

ACADEMIC INFORMATION :

- 1.1 Course : _____ B.A. / B. Com / B.Sc. (Plain / C.S/I.T)/
Self Finance (B.M.S / B.B.I /B.A.F)
- 1.2 Class : _____ 1.3 Roll No. _____ 1.4 Receipt No. _____
- 1.5 Membership Amount : _____ 1.6 Receipt Date : _____

PERSONAL INFORMATION : (USE CAPITAL LETTERS TO FILL UP THE FORM)

- 2.1 FIRST NAME
- 2.2 MIDDLE NAME
- 2.3 SURNAME
- 2.4 DATE OF BIRTH DD MM YEAR
- 2.5 DATE OF ADMISSION DD MM YEAR
- 2.6 Gender Male Female
- 2.7 A. Category : SC/ST/OBC/NT/GEN/ _____ B. Caste : _____

CONTACT INFORMATION :

- 3.1 Present Address : _____

- 3.2 Email ID : _____
- 3.3 Permanent Address : _____

- Pin : _____ Parents Contact No.: _____ Mobile No.: _____

** Note : For duplicate Library Card Rs. 100/- will be Charged.*

DECLARATION

I hereby declare that, all the information furnished & given by me is true to the best of my knowledge & belief. I accept all the library rules & will follow them sincerely & also cooperate & help to secure, safe & good use of the Library assets (i.e. Reading materials, Equipments & others) . If I am found to avoid rules & regulation & or engage in unfair means, my membership could be terminated without giving me any prior notification/ intimation.

OFFICE USE ONLY :

- 4.1 Member No.: _____ 4.2 Library Card No.: _____
- 4.3 Checked By : _____ 4.4 Verified by : _____

Librarian

Principal