



# Govt. Degree College Sopore

## Library Form

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**Member 's Personnel Information**

Last Name:.....First Name:..... Middle Name:.....

Date of Birth:..... Member Type:.....Gen/SC/ST/Economically Backward/other Backward

**Member's Academic Information**

Institute:.....

Department/Stream..... Year of Joining.....

Design/Course/year.....Member ID (Roll No.).....

**Member's Contact Information**

<b>Present Address:</b>	<b>Permanent Address:</b>
.....	.....
.....	.....
City.....	City.....
PIN.....	PIN.....
Phone.....	Phone:.....
E-mail:.....	

Signature of Member

**For Library Use Only**

**Member Code:**.....