



**ANURAG GROUP OF INSTITUTIONS
CENTRAL LIBRARY
MEMBERSHIP FORM**

Name : (IN CAPS)

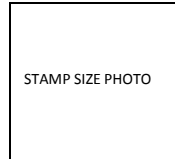
Branch :

H.T.No :

Mobile No :

Phone No :

E-Mail ID:



DECLARATION

I have read the library rules and agree to abide by them, to be responsible for material lent to me and to pay for any items lost or damaged in my care.

Signature of the Student

Address

Permanent

Correspondence

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