K J's EDUCATIONAL INSTITUTE

TRINITY COLLEGE OF ENGINEERING & RESEARCH

LIBRARY MEMBERSHIP FORM FOR STUDENT

Date- / /20

To,

The Librarian
TCOER, Pune

Respected Sir,

I wish to avail of the library facility, I kindly request you to permit me use library facility. I shall abide all rules of the library. My particulars are as follows.

1. **LIBRARY MEM.NO.** **:-** _____
2. **NAME** (SURNAME FIRST) (IN BLOCK LETTERS) **:-** _____
3. **CLASS** **:- FE / SE / TE / BE / MBA I / MBA II**
4. **BLOOD GROUP** **:-** _____
5. **BRANCH** **:-** _____
6. **PERMANENT ADDRESS** :- _____

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7. **PHONE NO.** **LANDLINE** **: -** _____**MOBILE:-** _____
8. **EMAIL ID** **:-** _____

Note – Please sent soft copy of your photograph (JPEG.s format only) along with same on **kjtrinitylibrary@gmail.com**

Yours Faithfully

Library Staff

(Signature of Student)

Membership Sanctioned – Yes / No

Librarian