SHREE SHREE GOURGOBIND GIRLS' COLLEGE

KHURAI SAJOR LEIKAI, IMPHAL EAST, MANIPUR - 795010

LIBRARY MEMBERSHIP FORM

(FOR : FACULTY / STAFF)

Affix one recent passport size photo

SESSION : ….....

NAME

FATHER'S NAME

DATE OF BIRTH

DESIGNATION

DEPARTMENT

ADDRESS

PIN CODE

CONTACT NUMBER

EMAIL

Declaration

I do hereby declared that all the information provided above are true to the best of my knowledge and also understand and promise to abide by the Rules and Regulations of the College Library membership

Date ….....

Place ….....

Holder's Signature

Enclose one stamp size photo and passport size photo each along with this form.