

GOVERNMENT COLLEGE (AUTONOMOUS), RAJAMAHENDRAVARAM.
Learning Resource Centre (LRC)
Department of general library
Library Membership Form

Photo

1 FULL NAME IN CAPITALS

Surname :																				
Name :																				

2 FATHER'S NAME :

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3 DATE OF BIRTH:

D	D	M	M	Y	Y

4 COURSE :

B.A	B.Com.	B.Sc.	GROUP	
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5 MEMBER TYPE :

GEN.	SC	ST	BC
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6 Admission No.

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7 YEAR :

1 YEAR	2 YEAR	3 YEAR
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8 YEAR OF JOINING :

2	0	1	
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9 PRESENT ADDRESS

D. No.: _____ Street: _____

Name of the Town/Village : _____

Name of the Mandal : _____ District : _____

Pin Code :

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Cell No :

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10 PERMANENT ADDRESS

D. No : _____ Street: _____

Name of theTown/Village: _____ District : _____

Name of the Mandal : _____

Pin Code:

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Signature of the Student