



National Education Society,(R.),Shimoga
KAMALA NEHRU MEMORIAL NATIONAL COLLEGE FOR WOMEN,

LIBRARY & INFORMATION CENTRE
STUDENTS APPLICATION FORM FOR LIBRARY MEMBERSHIP

Date:-----

Passpost size
Photograph

Name of the Student (In Capital Letters)	
Date of Birth/Age/Gender	
Present Address	
Permanent Adress	
Contact Number Res.No. Mobile No. E-Mail.	
Blood Group	

Signature of the applicant

For Office Use Only	
Library Membership	
No.....	Date.....Card Validity
from.....	To.....
Librarian	