ADARSH
Paramedical Institute
AN ISO 9001:2015 CERTIFIED

LIBRARY MEMBERSHIP APPLICATION FORM (FOR STUDENTS)

ACADEMIC YEAR 2026-2027

PHOTO

1. FULL NAME (IN BLOCK LETTER): _____
2. DATE OF BIRTH: / /
3. BLOOD GROUP: _____ ID.NO. _____
4. ADMISSION RECEIPT NO : _____ DATE _____
5. STREAM : _____
6. DEPARTMENT : _____
7. OPTIONAL SUBJECT: _____
8. YEAR OF ENROLLED: _____ ,_____ ,_____
9. PRESENT ADDRESS: _____
   _____
   _____
10. PERMANENT ADDRESS : _____
    _____
    _____
    _____

MAIL ID : _____

CONTACT NO : _____

UNDERTAKING

I agree to abide by the library rules and regulations enforced from time to time and to pay the replacement value of the books and other material lost, damaged or destroyed while in my possession, and will take proper clearance from the library before leaving the Institute.

Date: _____

Place: _____

_____

Signature of Student