



Priyadarshinii Shaikshhanik & Samajik Vikas Mandal

SAILEE DEGREE COLLEGE

(Affiliated to The University of Mumbai)

College Code : 1254

LIBRARY MEMBERSHIP FORM

COURSE & YEAR		Roll No.	
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To,
The Librarian,
Sailee Degree College
Borivali West, Mumbai.

Photo

Sir,

Kindly enroll me as member of the College Library. Below mentioned are the relevant particulars.

I promise to abide by all library rules which may be applicable from time to time. I would be liable to pay dues which I shall owe due to my negligence or due to infringement of library rules.

(Block Letter,)

Name in Full _____
Name Father Name Surname

Date of Birth _____ (E-mail) _____

Residential Address _____

_____ Pin _____

Mobile No. (M) _____ (M) _____

I certify that the information given above is correct to the best of my knowledge.

Date :

Signature of the Applicant