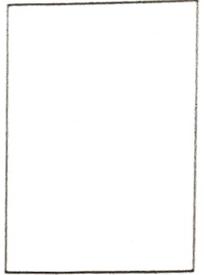




3569

DR. BIRINCHI KUMAR BARUAH LIBRARY  
GAUHATI COMMERCE COLLEGE

APPLICATION FORM FOR PERMISSION  
TO USE THE LIBRARY



To, The Principal, Gauhati Commerce College,  
Through the Librarian, Dr. Birinchi Kumar Barua Library

Sir,

I beg to apply for permission to use the Library of the College.  
I undertake to abide by the Rules and Regulation of the Library.

Yours faithfully

(Signature)

Countersigned by  
Librarian .....

Member's Personal Information :

	Last Name	First Name	Middle Name
Mr./Ms.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	<input type="text"/>	DD/MM/YYYY	Member Type	(a) General
Class	<input type="text"/>			(b) Schedule Caste
Roll No.	<input type="text"/>			(c) Schedule Tribe
				(d) Economically Backwards
				(e) Other Backwards

Member's Academic Information :	Year of Joining :	<input type="text"/>
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Category :

Institute :	<input type="text"/>	Member ID	<input type="text"/>
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Department

Course / Designation

Member's Contact Information :

Present Address :		Permanent Address :	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	City	<input type="text"/>
Pin	<input type="text"/>	Pin	<input type="text"/>
Phone	<input type="text"/>	Phone	<input type="text"/>
E-mail	<input type="text"/>	E-mail	<input type="text"/>

Effective date from  To

DD/MM/YYYY

DD/MM/YYYY

Serial No.	<input type="text"/>	Receipt No.	<input type="text"/>	Code No.	<input type="text"/>
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