**MOUNT CARMEL COLLEGE OF TEACHER EDUCATION FOR WOMEN KOTTAYAM**

PHOTO

**LIBRARY & INFORMATION SCIENCE**

**APPLICATION FOR LIBRARY MEMBERSHIP**

Name :

Address :

Mob. No. :

Email ID :

Blood Group

Course(B.Ed./M.Ed./Ph.D./others) :

Option :

Date of Birth :

Year of Study :

Admission No. :

**Declaration**

I hereby declare that the above details are correct. I agree to comply with all the rules of the Library &Information Centre, Mount Carmel College of Teacher Education for Women, Kottayam

Signature:……………….. Date:……………………..

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FOR OFFICE USE:

|  |  |
| --- | --- |
| Effective Date From |  |
| Valid up To |  |

Signature of the Librarian Date:……………………….