

Library Membership No. PSP/ :



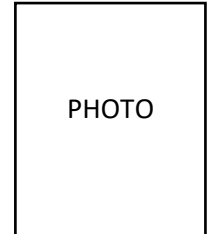
PANDAVESWAR SCHOOL OF PHARMACY

PANDAVESWAR, PASCHIM BARDHAMAN

WEST BENGAL, 713346

LIBRARY MEMBERSHIP FORM

(Faculty & Members)



NAME (in capital):

Designation:

Department:

Date of Joining:

Address:

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Contact No (Mobile):

E-Mail:

College Emp. Code. :

Full Signature of the Applicant & Date:

Signature of the Librarian: