

Library Membership No. : PSP/ _____



PANDAVESWAR SCHOOL OF PHARMACY

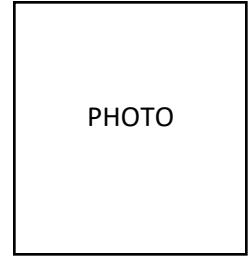
PANDAVESWAR, PASCHIM BARDHAMAN

WEST BENGAL, 713346

LIBRARY MEMBERSHIP FROM

(Student's for the Session of _____)

To be filled by the Applicant in Block Letter



Name:

Date of Birth:

Father's Name:

Mother's Name:

Gender: Male/Female

Course:

Address for Correspondence:

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Permanent Address

.....

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Contact No (Mobile):

E-Mail:

College ID No. :

Full Signature of the Applicant:

Date: ___/___/_____

Signature of the Librarian