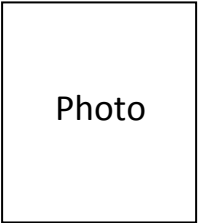


**APPLICATION FORM FOR LIBRARY MEMBERSHIP**  
**L.O.K.D. COLLEGE LIBRARY**  
**DHEKIAJULI, SONITPUR, ASSAM**



1. Name : Mr/Miss .....  
Last Name First Name Middle Name

2. Guardian's Name: .....

3. Present Address : Vill/Town..... P.O..... Dist.....  
State..... Pin..... Phone No. ....  
E-mail ID: .....

4. Date of Birth : ...../...../..... (DD/MM/YYYY)

5. Caste Category : GEN/ OBC/ SC/ ST

6. Gender : Male/ Female

7. Class & Roll No. : .....

8. Session : .....

9. Department : .....

10. Course : .....

11. Year of Joining : .....

12. Recommended of Head  
(In Case of Major Student): .....

13. Admission Receipt No. ....

I, .....solemnly declare that to the best of my knowledge and belief the information given in this form is correct.

Yours faithfully

.....  
(Signature of the applicant)

**OFFICE USE ONLY**

Member's ID Code.....

Card No. ....

Date of Issue .....

Date of Expiry .....

**Checked by**

**Signature of Librarian**