

BEJOY NARAYAN MAHAVIDYALAYA

P.O. ITACHUNA, HOOGHLY-712147

LIBRARY MEMBERSHIP FORM

SESSION : 20.....

NAME :								
FATHER'S NAME :								
ADDRESS :								
MAJOR SUBJECT :								
COURSE DURATION : (<input checked="" type="checkbox"/>)	3YEARS				4YEARS			
SEMESTER	I	II	III	IV	V	VI	VII	VIII
ROLL No.:								
SESSION :	DAY				MORNING			
MOB. NO.								

Signature of the student with date :

Submit # One passport size photo # Photocopy of Admission payment receipt along with this form