

# KINNAIRD COLLEGE FOR WOMEN



Attach 3  
Photographs  
here

## Library Membership Request Form

### Main Library

Intermediate  Masters

Undergraduate  M.Phil.

Others (Please Specify) \_\_\_\_\_

Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Group/Major: \_\_\_\_\_ Registration No: \_\_\_\_\_

Session: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Cell Number: \_\_\_\_\_ Parent Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Temporary Postal Address: \_\_\_\_\_

Permanent Postal Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Note:-

- ✚ Please attach three passport size photographs ( All picture should be same)
- ✚ This form should be filled in at the time of admission and must be submitted in Main Library within 15 days of your admission.

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For Office use only

Library Card Issued Date:

Signature of Issuing Authority: