



HEM BARUA LIBRARY

B. Borooah College, Ulubari,
Guwahati-781007

MEMBERSHIP FORM

SL. NO:

SESSION: 2021-2022

All Students/Staff of B. Borooah College are required to complete this Library registration form. Indicate any changes in Personal details in future (If any).

Paste here a recent passport size

SECTION I: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr
NAME (In CAPITALS)				
DATE OF BIRTH				

PERMANENT ADDRESS:

MOBILE PHONE 1:
EMAIL:

CORRESPONDENCE ADDRESS:

MOBILE PHONE 2 (Guardians/Parents):
EMAIL:

ROLL NO:

MEMBER TYPE SC ST OBC GENERAL

SECTION 2: COURSE DESCRIPTION & ROLL NO

MEMBER TYPE	DESCRIPTION	Year
Higher Secondary	<input type="checkbox"/> Arts <input type="checkbox"/> Science <input type="checkbox"/> Commerce	<input type="checkbox"/> I <input type="checkbox"/> II
Three Year Degree	<input type="checkbox"/> Arts <input type="checkbox"/> Science	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
Post Graduate Degree	<input type="checkbox"/> MSc Subject _____	<input type="checkbox"/> I <input type="checkbox"/> II
Other Degrees	<input type="checkbox"/> BBA <input type="checkbox"/> BSc IT	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III

SECTION 3: PAYMENT DETAILS

Admission Receipt No. (First Year):

Admission Date (First Year):

Do you wish to borrow books from Book Bank? Yes No

If Yes, please indicate your category*

SC/ST BPL

*Should furnish necessary proof certificates.

Permission to use Hem Barua Library services:

Please enrol me as a member of Hem Barua Library. I agree to confirm to the Rules and Regulations of the Library and shall pay any dues, which may result through their infringement.

Date: _____

Signature: _____