SYMBIOSIS CENTRE FOR MANAGEMENT STUDIES

Sector-62, A-47/48, NOIDA-201301, Uttar Pradesh

LIBRARY MEMBERSHIP FORM

Membership No…….

(Students)

SET ID/PRN: ……..

Name in Block Letters

Father's Name

Class **Batch** **(Year)**

Date of Birth **Blood Group**

Residential Address/Permanent

P I N

Local Address

P I N

Phone No.

Res. **Office** **Mob.**

E-Mail ID:

Authorized Signatory **Signature of Applicant**

For Office use only

Date

PRN/SET No.

Issue ID/ Library Card date:-

Assistant Library In charge