CACHAR COLLEGE SILCHAR
CENTRAL LIBRARY
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Estd. 1960

ENCLOSE

Self Passport Size Photo

1.	Name of the student (in block letter)	:
2	Father's name	:
3	Permanent address Town/ village: Post Office: P.S: PIN: State:	:
4	Present address Town/ Village: Post Office: P.S: PIN: State:	:
5	Sex (male/female)	:
6	E-mail address	:
7	Mobile no.	:
8	Class details (honors students must get recommendation from HOD of the respective department)	Class: Roll No.: Session: Day/Afternoon: Honors Subject:
9	Admission details	Enrolment card No.: Date:
10	The information given above are true to the best of my knowledge and I agree to abide by the Library rules and regulations enforced from time to time and will take proper clearance from the library before leaving the Institute. Date: _____ Signature of Student: _____	
FOR LIBRARY USE		
1	Membership Code	
2	Membership ID/Card No.	
3	Signature & Date (Librarian)	