CMR TECHNICAL CAMPUS

Kandlakoya, Medchal Road, Hyderabad – 501401
www.cmrtc.ac.in

LIBRARY MEMBERSHIP FORM
[NOTE : Fill All the Details in Block Letters Only]

To
The Librarian,
Kandlakoya, Medchal Road,
Hyderabad – 501401.

Affix Your
Recent Passport
Size Photograph

Sir,

Sub : Regarding Library Membership.

I, the Undersigned admitted in this institution with the following details.

Name _____ Surname _____

Father's Name _____ Branch & Section _____ Regd. No. _____

I here with apply for the **"Library Membership"** & I agree to comply with the Rules & Regulations of the Central Library. Any Loss or damages to the Library Documents (Books/Periodicals/other Media) or any Library Property, I pay the Dues, Penalty etc., incurred through any Act of Negligence on my part.

PERMANENT ADDRESS (Home) :

_____
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_____

PRESENT ADDRESS (Hostel/Room) :

_____
_____
_____
_____

Mobile No. (In-Hand) :_____ **Alternate (Parent's) Mobile No. :** _____
E-mail Id (College) : _____

Your's Sincerely,

Signature of the Student

FOR LIBRARY USE ONLY

No-Dues Certificate Issued on : _____ Remarks, If Any : _____

Signature of the Librarian