



GOVERNMENT OF WEST BENGAL
NIL RATAN SIRCAR MEDICAL COLLEGE
CENTRAL LIBRARY,
Academy Building (3rd Floor), Kolkata – 700014
Mail : centrallibrary@nrsmc.edu.in

APPLICATION FOR LIBRARY CARDS FOR PARAMEDICAL STUDENTS

(To be submitted along with one copy colour passport- size photograph & Admission money receipt- xerox)

SESSION :

Name of the Course:.....

Department :

Form should be filled in Block Letter.

1. Name :
2. E-mail ID :
3. Mobile No. : WhatsApp No.:.....
4. Roll No. :

5. Date of Birth (DD/MM/YYYY) :

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6. Father's / Guardian's Name :

7. Permanent Address :

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8. Local Address :

.....

I do hereby declare that all the statements given above are true and I have read the Library rules and regulations, and I undertake that I shall abide by the Library rules and regulations. I also undertake that I will maintain the sanctity of the Library.

Signature of the student

Date :

FORWARDED WITH STAMP OF
THE HEAD OF THE DEPARTMENT OF RESPECTIVE DEPARTMENT

FOR OFFICE USE

Card No. :

Issued on :

LIBRARIAN