



**GOVERNMENT OF WEST BENGAL**  
**NIL RATAN SIRCAR MEDICAL COLLEGE**  
**CENTRAL LIBRARY,**  
 Academy Building (3<sup>rd</sup> Floor), Kolkata – 700014  
 Mail : [centrallibrary@nrsmc.edu.in](mailto:centrallibrary@nrsmc.edu.in)

**APPLICATION FOR LIBRARY CARDS FOR UNDER-GRADUATE STUDENTS**

(To be submitted along with three copies colour passport- size photographs & Admission money receipt- xerox)

**SESSION :**

**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 : .....

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 .....

9. Name of the Course : .....

10. Money Receipt No. and Date : .....

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 :

**FOR OFFICE USE**

Card No. :

Issued on :

LIBRARIAN