

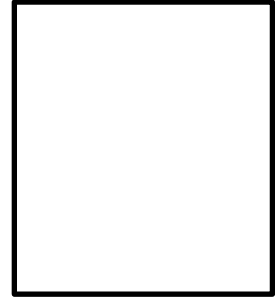


ALUMNI MEMBERSHIP FORM
GOVERNMENT DEGREE COLLEGE DHARAMSHALA
Application form for Alumni, Ex-Faculty and Public Membership

- Name: _____
- Email ID.: - _____
- Residential Address: - _____

- Address:- _____

- Mobile No.:- 1. _____ 2. _____
- Aadhaar No. :- _____/_____/_____
- Type of Membership: - Alumni/Ex-students/Public
- Program/Course Complete at GC Dharamshala _____
- Year of Passing:- _____
- Name of the College if Currently Enrolled: - _____
- Name of the Organization if currently Employed:- _____
- Purpose of using Library Facility:- _____



I agree that the information given above is true and correct and comply with library rules and regulations. I shall be responsible for any loss or damage to library Materials issued to me.

Date: - _____

Signature: - _____

For Library Use Only

Library Membership from _____ to _____

Library Membership ID No. _____

Books Allowed: - _____

Security Deposit (if any):- _____

Remarks:- _____

Librarian:- _____

Principal: - _____