



# Vidyasagar College Central Library

39 Sankar Ghosh Lane, Kolkata- 6

For Office use only

Dept:.....

Roll No:.....

Section: .....

## Requisition form for Central and Departmental Library Membership

**Session: 2017-2018**

Name of the student:  
(In capital) .....

College Roll No.: .....

Year (put tick mark): 1<sup>st</sup> Year  2<sup>nd</sup> Year  3<sup>rd</sup> Year

Paste  
your recent  
self attested  
passport size  
photograph

Hons./General: .....

Address: (correspondence) .....

.....

.....

Address (permanent): .....

(Mention 'DO' if both  
are same) .....

.....

Contact No.: ..... Contact No. (Alternative): .....

Email ID: .....

Received the Library Cards

Date: ..... Signature in full

To be filled by the student

### Acknowledgement

Received application for the Central Library and Departmental Library Membership from  
(Name) ....., Roll No.: .....  
Section ..... Session 2017-18 as on (Date) .....

Signature of Dealing Assistant