

GOVERNMENT OF KARNATAKA  
GOVT.FIRST GRADE COLLEGE,SHIKARIPURA  
LIBRARY MEMBERSHIP FORM

MEM NO :



01	Name	
02	Father's Name	
03	Date of Birth	
04	Admission no & Year	
05	Challan No & Date	
<u>Permanent Address</u>		<u>Temporary Address</u>
06	Course & combination	
07	Caste & Category	
08	Mobile No	
09	Adhar Number	
10	E-mail I.D	
11	Blood Group	

SIGNATURE OF THE STUDENT