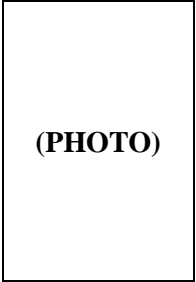




**Shri Vile Parle Kelavani Mandal's
INSTITUTE OF PHARMACY, DHULE
CENTRAL LIBRARY**



**Library Membership Form : Student's
(In block letter)**

Full Name:.....

(SURNAME)

(NAME)

(MIDDLE NAME)

Course :B.Pharmacy/ M.Pharmacy

Batch : 2022-23

SAP ID :

Date of Birth:

Blood Group:

Local Address	Permanent Address
Pin :	Pin :
Mobile No. :	
Tel. No. :	
E mail ID :	

I, the undersigned would like to apply for library membership. I agree to comply with all the rules and regulations of the library and make good any loss or damage of any library resources borrowed by me.

Yours faithfully,

(Signature of Applicant)

Librarian