



Maharshi Karve Stree Shikshan Samstha's
Shri Siddhivinayak Mahila Mahavidyalaya

Karvenagar, Pune-411052

LIBRARY

MEMBER INFORMATION FORM

1. STUDENT NAME _____

(In Capital)

2. LOCAL ADDRESS _____

(In Full)

LOCAL CITY _____

LOCAL PIN CODE _____

3. PERMANENT ADDRESS _____

4. EMAIL _____

5. BLOOD GROUP _____

6. BIRTH DATE _____

7. MOBILE NO. _____

8. CLASS _____

9. DEPARTMENT _____

10. RECEIPT NO. & DATE _____

STUDENT SIGNATURE