



Samarth Rural Educational Institute's

SAMARTH COLLEGE OF PHARMACY

At-Bangarwadi Post- Belhe Tal Junnar Dist Pune-412410

Library and Resource Centre

Library Membership Form

Paste Recent
Passport Size
Photograph

To,

The Librarian,

Samarth College of Pharmacy

Belhe, 412410

Respected Sir,

I wish to enroll as a Member of the "Samarth College of Pharmacy Library Belhe, Bangarwadi". I will abide by the rules and regulations of the Library.

Personal Details,

1. **Class :** _____ **Branch :** _____ **Year :** _____
2. **Full Name :** _____
3. **Religion :** _____ **Caste :** _____
4. **Date of Birth :** _____ **Blood Group :** _____
5. **Permanent Address :** _____

6. **Mobile No. :** _____ **Aadhar No. :** _____
7. **Email ID :** _____
8. Name and Address of a Local Guardian / Person as Reference in Support of your Membership with their phone number (If any) : _____

I hereby declared that given above is true to the best of best of my knowledge.

Date:

(Note: * Mandatory Field)

Candidate Signature

For Library Use Only

Date of Library Joining: _____

Member ID: _____

Librarian

*(Please submit this form one additional copies of recent Passport size photograph in college uniform to the " Office of the Librarian", Samarth College of Pharmacy , Belhe (Bangarwadi) within 7 days after the commencement of the classes)