

CENTRAL LIBRARY, CIP, KANKE, RANCHI
REGISTRATION FORM

Name :

Father/Mother/
Husband's Name:

Date of Birth : ____ / ____ / ____

Gender : Male/Female

Blood Group :

Course :

Session :

Present Address :

.....

Ph. No.

Permanent Address:

.....

..... Ph. No.

E-mail Address : _____

Caution money deposit No. _____ Date _____

Signature
Date:

----- (For office use only) -----

Sl. No.

ID No.:

Librarian's Signature