



ALIAH UNIVERSITY

17, Gorachand Road, Beniapukur, Kolkata, West Bengal, 700014

Library Membership Proforma

(Please fill in BLOCK Letters)

Name:

Roll No:

Department:

Program:

Date of Birth (DD-MM-YYYY):

Address:

*Pinup a
Passport Size
Photograph.*

Permanent Address:

Vill/House No:

P.O:

P.S:

Dist.:

PIN:

State:

Aadhaar No:

Phone/Mobile No.:

Emergency Contact:

Email:

Blood Group:

Validity (To be filled by library):

Date of issue (To be filled by library):

Father's/ Mother's/ Husband's/ Spouse's Name:

Date:

Signature

(For office use only)

(Signature with Stamp)
Head of the Department

(Signature with Stamp)
Library personnel

* Send a Soft copy of photograph and signature before submission to aliahlibrary1@gmail.com

*Contact: (033) – 23416438