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**ANDHRA UNIVERSITY**

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## **College of Pharmaceutical Sciences**

## (Please fill all the fields in CAPITAL LETTERS)

# Name of the Student Name: (As per S.S.C.)

**Surname Name**

|  |  |  |
| --- | --- | --- |
| Sri/ Smt Mrs/Ms |  |  |

Father’s Name :

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | | Month | | Year | | | |
|  |  |  |  |  |  |  |  |

Date of Birth as per the records: (As per S.S.C.in figures only)

Roll No.. :

Name of the College :

Name of the Department :

Name of the Course :

2yrs M.Pharmacy

4yrs B.Pharmacy

6 yrs Pharma-D

3yrs Lateral Entry

## Day Scholar/Hostler: Blood Group:

|  |  |  |  |
| --- | --- | --- | --- |
| **Present Address** | | **Permanent Address** | |
|  | |  | |
|  | |  | |
|  | |  | |
| City |  |  | |
| Pin code |  | Pin code |  |
| Phone |  | Phone |  |
| E-Mail ID |  | | |

**Note:- Please Enclose Xerox a copy of admission allotment along with this application, duly counter signed by the Head of the Department.**

**To be filled by Library:** Library Borrowers No.: User Bar code I.D No.:

# SIGNATURE OF THE STUDENT