

CSJM UNIVERSITY, KANPUR

REGISTRATION FORM FOR Student IDENTITY CARD

Fix your Latest
Passport Size
Photograph

Personal Information :-

(USE CAPITAL LETTERS ONLY)

Surname : Forename :

Email : Department : Course :

Father's Name : Mobile No. :

Local Guardian Name :

Mobile No. : Email :

DOB : Year of Session / Batch :

Gender : M/F/T : Blood Group : Aadhaar No. (Enclosed Copy) :

Contact Information :-

Permanent Address :

..... City : Pin :

Local Address :

..... City : Pin :

Student Contact No. : Emergency No. :

Email ID :

Declaration and Undersigned : - The undersigned would like to Applied for library membership. I am aware of undertake to abide by the copyright act 1986 and amendments. I will update to library of any change in my contact details. I agree to observe the library rules.

Date :- **(Student Signature)**

The Photograph and details furnished by student is verified and found correct as per official records of Department/Institute
He/She has deposited the course fees for the current session

Seal of Dept/Institute **(Signature of HOD)**

For Central Library Official use only :

Library ID. : Issued No. :

Valid Upto. :

(Staff Signature)