



Shakuntala Krishana Institute Of Technology (KD64)
Bahabalpur, Sikandra Kanpur (D)-209310
Mob. No.- 7800048009, 9918629349

Email ID- skitkd64@gmail.com

LIBRARY CARD FORM

LIBRARY USE: USER'S ID _____

Date : Issued on _____ Expiry for 1st Sem. _____ Expires for final Sem. _____
(For student) No. of Cards issued:- _____

Student Passport
Size Colour Photo

(To be filled by the Student)

1. Admission Receipt No. : _____
2. Name of Applicant (IN CAPITAL) _____
(Surname, Forename)
3. Father's Name _____
4. Roll No. (a is for 1st sem. & b is for 2nd sem.) : (a) _____ (b) _____
5. Branch & Semester : BBA/BCA & _____ Category: Gen./OBC/Min/SC/ST/Other
6. Correspondence Address:- _____

7. Mobile No. _____ / _____
8. Permanent Address:- _____

The information given above is true to the best of my knowledge and I agree to abide by the Library Rules notified time to time.

(Signature of the Applicant)

Date:

Place:

Note- Enclose a copy of I-Card, Admission Receipt no. with date and two copies of stamp size photograph

-----LIBRARY USE-----LIBRARY USE-----LIBRARY USE-----

(Checked & Prepared by)

(Signature of the Library Officer)

Duplicate Library cards -

(1) Date of issue & issue receipt no. (2) Date of issue & fine receipt no. (3) Date of issue fine receipt no.

(4) Date of issue & fine receipt no. (5) Date of issue & fine receipt no.



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Library No-Dues issued on (date with signature)