



**A.J. INSTITUTE OF ENGINEERING AND TECHNOLOGY**  
A Unit of Laxmi memorial Education Trust (R), Kottara Chowki, NH-66, Mangaluru  
**Library and Information Centre**

**Application form for Library Membership- Student**

Roll No. : -----  
Name of the Student: -----  
Department: -----  
Designation: -----

**PASSPORT  
PHOTO**

Semester: ----- Year-----

Present Address: -----  
-----  
-----

Permanent Address: -----  
-----  
-----

Mobile Number. : ----- Tel. No. :-----

Email-Id.: -----

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.

Date: \_\_\_\_\_ Signature of the Student

No. of Cards issued:

Card Numbers: \_\_\_\_\_ Signature of Librarian