



Amrapali Institute, Haldwani
LIBRARY MEMBERSHIP FORM

Passport Size
photograph

Name : _____
Father's Name : _____
Address : _____

Email : _____
Course : _____
Roll No : _____
Male/Female : _____
Session : _____

Seal & Signature

HOD:

Date:

Seal & Signature

Librarian

Date

Signature of Applicant

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