



Chilkur (V) Moinabad (M) RR dist. Telangana State-501504

www.kgr.ac.in

CENTRAL LIBRARY

	MEMBI	ERSHIP APPLIC	CATION	
		(USE CAPS ONLY)		
1. Name of the applicant	:			
2. Father Name	:			
3. Branch &Roll No.	:			
4. Sex	:5. C	Category: OC/BC/S	SC/ST	Others Specify
6. Date of Birth	:	7. Blo	od Group :	
8. Residential Address Present (A): HNoStreet				
Village/Town		Mandal	Dis	i
State	Pin Code	Telepho	one No	
Nativity Address	: HNO		Street	
Village/Town	Mandal		Dist	
State	Pin code		- Telephone No	
9. Mobile No. :Email:				
10. Any other information :				
<u>DECLARATION</u>				
I have read the library rule any items lost or damaged	•	y them, to be respon	sible for material	ent to me and to pay for
Receipt No Rs	Date			Signature of Applicant
Accounts/OS/AO/HR	1	Approved/Not App	oroved	Principal
Received Barrower Cards 1 3 Sign .Applicant				
Librarian				Date: