



**All India Institute of Medical Sciences,
Rajkot, Gujarat, India.
CENTRAL LIBRARY
MEMBERSHIP FORM FOR STUDENTS**

CLID No :-.....

Name :-.....

Admission Year :-.....

Course :-.....

Date of Birth :-...../...../.....

Photograph

Present address :

Permanent address :

Contact No :- Parent's contact No. :.....

E-mail ID :.....

Rules & Regulations :

- By submitting this form, I agree to follow the Central Library policies, rules and regulations.
- Kindly submit two stamp size photographs and ID Proof Xerox (Aadhar card / Voter ID / Driving License / Passport).
- I agree to return borrowed materials by the due date or recall date.
- I will notify the Central Library of any change in my address.
- I will inform the Central library in case I lost my ID card.

Librarian

Student Signature with Date



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