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 **ANDHRA UNIVERSITY**

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##

Name of the Student Name**:**(As per S.S.C.)

**Surname Name**

|  |  |  |
| --- | --- | --- |
| Sri/ Smt Mrs/Ms |  |  |

Father’s Name :

Date of Birth as per the records: (As per S.S.C.in figures only)

|  |  |  |
| --- | --- | --- |
| Date | Month | Year |
|  |  |  |  |  |  |  |  |

Roll No.. :

Name of the Department &College :

Name of the Course :

**2 yrs M.Tech. Course**

**4 yrs B.Tech. Course**

|  |
| --- |
|  |
| **5 yrs 6 yrs B.Tech.+M.Tech****Course Course** | **3 yrs B.Tech. Lateral Entry Course** |

**2 yrs MCA Lateral Entry Course**

**2 yrs M.Sc. Course**

Day Scholar/Hostler: Blood Group:

|  |  |
| --- | --- |
| **Present Address** | **Permanent Address** |
|  |  |
|  |  |
|  |  |
| City |  |  |
| Pin code |  | Pin code |  |
| **Phone** |  | **Phone** |  |
| E-Mail ID |  |

**Note:- Please Enclose Xerox a copy of admission allotment along with this application, duly counter signed by the Head of the Department.**

# To be filled by Library:

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#  SIGNATURE OF THE STUDENT