



**DR.V.S.KRISHNA LIBRARY**  
**ANDHRA UNIVERSITY**  
**LIBRARY MEMBERSHIP REGISTRATION FORM**  
**College of Engineering for Women**  
(Please fill all the fields in CAPITAL LETTERS)

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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 <input type="checkbox"/>	4 yrs B.Tech. Course <input type="checkbox"/>	6 yrs B.Tech.+M.Tech Course <input type="checkbox"/>	3 yrs B.Tech. Lateral Entry Course <input type="checkbox"/>
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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.**

**SIGNATURE OF THE STUDENT**

**To be filled by Library:**

Library Borrowers No.:

User Bar code I.D No.: