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ANDHRA UNIVERSITY
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College of Engineering (AUTONOMOUS)
(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		
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Father's Name :

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

Date		Month		Year	

Roll No. :

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Name of the Department &College :

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Name of the Course :

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2 yrs M.Tech. Course <input type="checkbox"/>	4 yrs B.Tech. Course <input type="checkbox"/>	5 yrs Course <input type="checkbox"/>	6 yrs B.Tech.+M.Tech Course <input type="checkbox"/>	3 yrs B.Tech. Lateral Entry Course <input type="checkbox"/>
2 yrs M.Sc. Course <input type="checkbox"/>	2 yrs MCA Lateral Entry Course <input type="checkbox"/>			

Day Scholar/Hostler:

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Blood Group:

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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.:

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User Bar code I.D No.:

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