



**DR.V.S.KRISHNA LIBRARY**  
**ANDHRA UNIVERSITY**  
**LIBRARY MEMBERSHIP REGISTRATION FORM**

**Dr. B.R. AMBEDKAR College of Law**

(Please fill all the fields in CAPITAL LETTERS)

Please paste  
recent passport  
size color  
photo

Name of the student Name: (As per S.S.C.)

Surname

Name

|                    |  |  |
|--------------------|--|--|
| Sri/ Smt<br>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 :

|  |
|--|
|  |
|--|

2yrs M.L. Course ☐

3yrs LLB Course ☐

5yrs B.A. LLB Course ☐

2yrs M.A. HRD 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.**

**SIGNATURE OF THE STUDENT**

**To be filled by Library:**

Library Borrowers No.:

|  |
|--|
|  |
|--|

User Bar code I.D No.:

|  |
|--|
|  |
|--|