



KARAMAT HUSAIN MUSLIM GIRLS' P.G. COLLEGE

SHAINDA HASAN LIBRARY

LUCKNOW

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STUDENTS LIBRARY REGISTRATION FORM

Please leave one box after one name

1. Full Name (in block letters) :

2. Registration No. :

3. Date of Birth :
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4. Class :

5. Session :

6. Address for Correspondence (in block letters) :

7. (i) Contact No. : Phone :(ii) Mobile :

8. Father's Name :

9. Father's Occupation :

10. Fee Receipt No. :

Date : _____

Signature of Student