

GOVERNMENT COLLEGE CHHACHHRAULI

Form for issuance of College Identity-cum-Library Card

Academic Session : _____

Affix Photo

(To be filled in CAPITAL Letters only)

Name of the Student: _____

Father's Name: Sh. _____

Date of Birth: _____

Class: _____

Roll No.: _____

Telephone No. (in case Emergency: _____

Complete Address: _____

Dated: _____

Signature of the Student