

VISVESVARAYA COLLEGE OF ENGINEERING & TECHNOLOGY
M.P PATELGUDA(V), IBRAHIMPATNAM(M), R,R, DIST-501510

Student Membership Form

Name of the Student:

Father's Name:

Date of Birth:

Course:

Year of Study:

Roll No.:

Date of Membership:

Permanent Address:

Phone No:

Local Address:

Phone No:

Email Id:

I hereby certify that the above furnished information is true to the best of my knowledge.

Date:

Signature of the Student

LIBRARIAN

HOD

PRINCIPAL

Affix colour
Passport size
Photograph