



Yashoda Technical Campus

Wadhe, NH4, Satara – 415011(M.S)

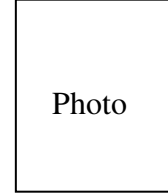
Tel.:02162 271238/39/40/41/42

Website: www.yes.edu.in Email: yspmadmin@yes.edu.in

Date:

Central Library Registration Form for Staff

To,
The Librarian,
Y.S.P.M.
Y.T.C.,Satara.



I (name) _____
Working as (designation) _____

In faculty of Engineering /Polytechnic/Pharmacy / MBA / MCA,
in _____

Department from (date)_____ Designation _____Qualification_____

I wish to use library facility. Kindly issue to me staff Library Borrower's Card as per
YSPM, YTC rule.

I assure you that I will use library facility with care. My details are given below.

Permanent Address: _____

Local Address: - _____ Pin Code .: _____

Email: - _____ Mobile No.: _____

Blood Group _____ Birth Date: _____

Issue Library Card to, Dr. / Mr. / Ms. _____

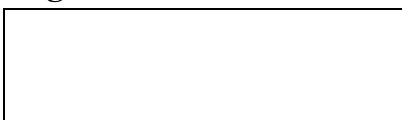
Director / Principal / HOD _____

Status: - Teaching/ Non Teaching

Library Member ID _____

Number: - Date of Borrow Card Issued

Signature of the Staff



Librarian



YSPM's

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YSPM

Engineering.	Polytechnic	MCA	MBA	D.Pharm	B.Pharm	M.Pharm
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Date:

Central Library Registration Form for Student

To,
The Librarian,
Y.S.P.M,
Y.T.C., Satara.

Photo

Sir/Madam,

I the undersigned student of this college would like to avail college Library facility. I will abide rules and regulation of the Library.

1. Name of the Student: _____

2. Local Address: _____

_____ Pin Code: _____

3. Permanent Address: _____

_____ Pin Code: _____

4. E mail: - _____ 5. Blood group: _____

6. Department: . _____ 7. Birth Date: _____

8. Mobile No. (Student): _____ 9. Mobile No. (Parent): _____

10. Cast Category: Open/OBC/SC/ST/SBC/NT/VJNT/

11. Admission Category: Open/OBC/SC/ST/NT/VJNT/Management/SBC/ TFWS

12. Receipt Date: _____ 13. Receipt No: _____

14. Security Deposit Amount: _____ 15. Class: _____ 16. Trade: _____

Enclosed: Xerox copies of Security Deposit Receipt

Student's Signature

Librarian

