



USER I D (Only For Office):_____

MEMBER I D (Only For Office):_____

Adivasi Pragati Mandal Sanchalit

**Comrade Godavari Shamrao Parulekar College of Arts,
Commerce & Science, Talasari, Dist Palghar, 401606**

Student / Staff Membership Form : 2017-18

(Please fill the form completely)

Category : Student / Staff

PHOTO

Faculty:_____

Course/ Class:_____

Roll No :_____

Name of Student
(In Capital Letters
Only)

:

Gender : Male/ Female

Date of Birth:

Cast Category :

Annual Income .

:

Mobile No:

E-mail

:

Present Residential
Address

:

Permanent
Residential Address

:

Payment Information

Library Fees Amount : _____

Receipt No:_____Receipt Date _____

Library Deposit Amount : _____

Receipt No:_____Receipt Date _____

Student Signature