



# Bharat Academy & Sciences

Library Membership Form  
Bharat Academy & Sciences  
Howrah, Uluberia

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## Student Details:

- Full Name: \_\_\_\_\_
- Grade/Class: \_\_\_\_\_
- Registration No.: \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_
- Contact No.: \_\_\_\_\_

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## Membership Details:

- Register for Library Membership:  
o Yes o No
- Preferred Book Genre(s): \_\_\_\_\_

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## Declaration:

I agree to follow the library rules and will return books on time. I take responsibility for any books issued in my name.

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Student's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## For Office Use Only:

- Membership ID: \_\_\_\_\_
- Remarks: \_\_\_\_\_

Library Staff Signature:

School Seal:

