

VVP'S KICH SCHOOL OF DESIGN - RAJKOT

LIBRARY MEMBERSHIP FORM

Date : _____

Name : _____

Permanent Address : _____

Office Address : _____

Phone No. : _____ Mobile No. : _____

E-mail ID : _____

Desi. : _____ Date of Joining : _____

Date of Birth : _____

Sign of the faculty

Sign of the Principal