



B. C. GUPTA MEMORIAL CENTRAL LIBRARY

GURUCHARAN UNIVERSITY, SILCHAR

Silchar – 788004, Assam

*A State University established by upgrading Gurucharan College
under Assam Act No. LVII of 2023*

Email: bccl@gurucharanuniversity.ac.in



CENTRAL LIBRARY Library Membership Form (STUDENT)

Session : _____

Name (Block Letters) : _____

Father's Name : _____

DOB : _____

Class : _____

Department/ Institute: _____

Enrollment : _____

Identity Card No. : _____
(Please attach photocopy)

Latest Fee Receipt No. : _____
(Please attach photocopy)

Address : _____
_____ PIN _____

Phone/ Mobile : _____

E-mail : _____

Date: _____

Signature of Student

Forwarded by Head of Department

Dr. Sehnara Begum Choudhury
Librarian
Central Library
Gurucharan University, Silchar



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CENTRAL LIBRARY Library Membership Form (Teaching/Non-Teaching)

Employee ID: (Available at Identity Card)	Passport Size Photo	Full Signature	
Salutation	Mr. / Miss / Mrs. / Dr.	Sex	Male / Female
Name. (Block Letters)	Surname		
	Forename		
Designation			
Department			
Appointment Category	Permanent ☐	Contractual ☐	Temporary ☐
Date of birth(dd-mm-yyyy)		Date of Joining	
Father's name			
Mother's name			
Permanent address	House No		
	Street/Locality		
	Place		
	District		
	State		
	PIN		
Identification mark			
Blood group			
Contact number	Mobile		
E-mail id			
Signature of HoD/Dean with seal			

Dr. Sehnara Begum Choudhury
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