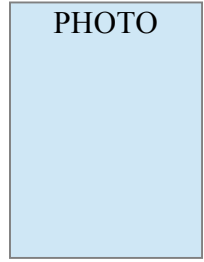




**Raipur Institute of Medical Sciences**  
Bhansoj Road Off NH-6, Vill. - Godhi  
Raipur (Chhattisgarh)

PHOTO



## **Library Membership Form**

### **Nursing Student**

First Name : \_\_\_\_\_

Last Name : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course Name & Year : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Hosteler

Day Scholar

Telephone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Member's Sign.

& Date

Librarian's Sign.

& Date