

SHRI VILE PARLE KELAVANI MANDAL'S
ACHARYA AMBALAL V. PATEL JUNIOR COLLEGE
VILE PARLE (WEST), MUMBAI-400 056

APPLICATION FOR TO OBTAIN DUPLICATE IDENTITY CARD / LIBRARY READER'S CARD / FEE RECEIPT
(JUNIOR COLLEGE)

DATE: _____

TO,
THE PRINCIPAL,
ACHARYA AMBALAL V.PATEL JUNIOR COLLEGE,
VILE PARLE (WEST)
MUMBAI-400 056

SIR / MADAM,

Kindly arrange to issue in my favour a DUPLICATE IDENTITY CARD / LIBRARY READER'S CARD / FEE RECEIPT.
on payment of Rs. _____/- each. I have read all the library rules and agree to abide by them.

REASON TO APPLY FOR A CARD: _____

Name: Kumar /Kumari _____
(Surname) (First Name) (Last Name)

Stream: Science / Commerce Class: F.Y.J.C / S.Y.J.C Div. _____ Roll No. _____ Year _____

Date of Birth: _____

Residential Address: _____

_____ Telephone No. _____

Original I.C/ R.T.NO: _____

Your's Faithfully,

Signature of the Student

LIBRARIAN

VICE-PRINCIPAL

Duplicate I.C./ R.T.NO _____ Date: _____

Issued By: Signature _____ Receipt No. _____

