



**KARNATAK LAW SOCIETY'S
GOGTE INSTITUTE OF TECHNOLOGY
BELAGAVI**



NIGHT LIBRARY USAGE - IDENTITY CARD

Name: _____
 USN/ UID: _____ Branch: _____
 Phone: _____
 Parents Phone: _____
 Full Address: _____

PHOTO
With Signature

Date: _____ Student Signature. _____

I, undersigned parent/ guardian _____ of student _____ permit our ward to visit college library at night for reading purpose only from dt: _____ to dt: _____. We shall take full responsibility of all the consequences during the library visit at night and we further confirm that, the college shall not be held responsible for our ward's misconduct or wrongdoing inside or outside college campus.

Date: _____ Parent's Sign. _____

**For Office Use only:
Permitted to study in reading room of GIT library in the night during
Nov – Dec 2016 exams**

Librarian

Dean R&D



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