

**FACULTY OF ARCHITECTURE**  
**Dr.A.P.J.A.K. Technical University**  
(Formerly Known as: Lucknow College of Architecture)  
**Tagore Marg, Lucknow – 226 007**

**LIBRARY FORM**

College Fee Receipt No _____	Class _____	Semester _____
Session: _____	Scholar No. _____	
Category (Gen./SC/ST/OBC): _____	Enrollment No. _____	
University Roll No. _____		

Please Paste A  
Passport Size  
Photograph

1. **Name: (in Block Letters)** First Name \_\_\_\_\_ Second Name \_\_\_\_\_ Surname \_\_\_\_\_
2. **Name: (in Hindi)** \_\_\_\_\_
3. **Date of Birth:** \_\_\_\_\_ (DD/MM/YYYY) 4. **Blood Group:** \_\_\_\_\_ 5. **Nationality:** \_\_\_\_\_
6. **Name of Father/Guardian:** \_\_\_\_\_ 7. **Occupation:** \_\_\_\_\_
8. **Name of Mother:** \_\_\_\_\_ 9. **Occupation:** \_\_\_\_\_
10. **Name of Local Guardian:** \_\_\_\_\_
11. **Student's Permanent Address** 12. **Local Guardian's Address**
- |  |   |
|--|---|
| _____  | _____   |
| City: _____                                    | City: _____                                     |
| District: _____ Pincode: _____                 | District: _____ Pincode: _____                  |
| Tel. No _____ Mob No: _____<br>(with STD Code) | Tel. No _____ Mob. No: _____<br>(with STD Code) |
| E-mail address(Father): _____                  | E-mail address: _____                           |
13. **History of Medical Ailments: (if Any)** \_\_\_\_\_
14. **Whether you are a hosteller / dayscholar** \_\_\_\_\_
15. **Admitted under Category** \_\_\_\_\_ (GEN/SC/ST/OBC/FW) **Sub-Category** \_\_\_\_\_ (GL/PH/FF/AF/) **Merit :** \_\_\_\_\_
16. **Were you ever detained / denied / debarred / expelled from the Hostel / Library / College?(Yes / No)** \_\_\_\_\_  
If yes, give details \_\_\_\_\_
17. **Previous Result (For Students from 2nd Year to 5th Year)**  
(a) Result of the Previous Academic Year: Passed/PCP/PWG; No. of Carry Over Paper (if any) \_\_\_\_\_  
(b) Total Marks obtained: \_\_\_\_\_ Maximum Marks \_\_\_\_\_ Percentage \_\_\_\_\_  
(c) Mention Subjects (Carry Over Paper) (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**Declaration**

I hereby, declare that the information given by me is true to the best of my knowledge and belief.

Date: \_\_\_\_\_

(Signature of the Student)

Place: \_\_\_\_\_

NAME: \_\_\_\_\_  
(In block letters)

Scholar No: \_\_\_\_\_