



Gujarat Technological University

Central library

New User Form for RFID Card

Student/Faculty Name: _____

Department: _____

Course: _____

Semester: _____

Batch: _____

Date of Birth: _____

Contact Number: _____

Present Address _____

Permanent Address _____

User Signature _____

For Office Use Only

Allotted RFID Card No.:

Allotted User Code: