



Library Membership Application Form

2 Copies of
Coloured
Stamp Size
Photographs

Library Membership No.

Salutation : Mr. Mrs. MS. Prof. Dr. Engr. Others

Surname :

First Name :

Other Name :

Father's Name :

Mother's Name :

Date of Birth :

Blood Group :

Male

Female

Main Address :

Postal Code :

Alternate Address :

Postal Code :

Primary Phone :

Secondary Phone :

Mobile :

Fax :

Primary e-mail :

Secondary e-mail :

Student ID No.:

Designation :

Category : Student Faculty Member Administrator Member of Board of Trustees Employee

Others

Program Name :

Semester : 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th Credit Transfer Thesis

I agree to follow the rules of library and pay the replacement cost for any book(s) or other reading materials lost, damaged or destroyed by me.

Patron's Signature

Date :

Signature

Chairman of the Department

Signature

Librarian