

Photo

**Library Membership Form**

(Community User)

**User Information**:

Name: Designation:

Organization: Department:

Address (Organization/Residence):

­­­­­­­­­­­­­­ Duration:

E-mail: Cell:

**User Category:** Alumni Non-Ulabian Researcher

**Purpose:** Research Study

 **Recommendation**

Recommended by: Department/Office:

Designation: Signature & Date:

**Office use only**

Approved for the period: Not approved (reasons):

Library ID: Access Card No:

Librarian (Signature & Date) Coordinator, Library Affairs

Registrar, ULAB