



Membership Application Form
(Part time faculty only)

Name (Block Letter) :.....

Designation :.....

Department :

Semester :.....

Address (Res.) :.....

.....

Phone :.....

E-mail :.....

I declare that all the above information is correct and I agree to comply with the Library rules and regulations.

Applicant's Signature

Date:

Office use only

Library ID:

Date:

Circulation Officer

Librarian