

Photo

**Library Membership Form**

(Part time/Adjunct faculty only)

**Requested by**:

Name: Designation:

Department: Semester:

Address (Res.):

E-mail: Cell:

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

**Applicant** (Signature and Date)

**Office use only**

Library ID: Date:

**Circulation Officer** (Signature & Date) **Librarian**