



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