



Library
Faculty/ Staff Membership Form

Please check and fill in the blanks:

Faculty: Department _____ designation _____

Visiting Faculty: Department _____ Designation _____ From _____ To _____

Research: Division _____ Designation _____ From _____ To _____

TA: Department _____ Designation _____ From _____ To _____

Staff: Department _____ Designation _____ From _____ To _____

Others(Please Specify) _____

Name (In Block Letters) _____

Father's Name _____

National ID Card No. - -

Permanent Address _____

_____ Phone _____

Mailing Address _____

_____ Phone _____

E-mail _____ Signature _____ Date _____

- Regular Faculty
- Visiting Faculty
- Staff
- RA
- TA
- Other: _____

For Official Use Only

Employee Code. _____

Provided by: _____

Membership No. _____

Date of Grant: _____

Date of Expiry: _____

Signature: _____
Chief of Librarian