



## Library Membership Application Form

2 Copies of Coloured Stamp Size Photographs

Library Membership No. \_\_\_\_\_

Salutation : Mr.  Mrs.  MS.  Prof.  Dr.  Engr.  Others

Surname : \_\_\_\_\_ First Name : \_\_\_\_\_

Other Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Blood Group : \_\_\_\_\_ Male  Female

Main Address : \_\_\_\_\_

\_\_\_\_\_ Postal Code : \_\_\_\_\_

Alternate Address : \_\_\_\_\_

\_\_\_\_\_ Postal Code : \_\_\_\_\_

Primary Phone : \_\_\_\_\_ Secondary Phone : \_\_\_\_\_ Mobile : \_\_\_\_\_

Fax : \_\_\_\_\_ Primary e-mail : \_\_\_\_\_ Secondary e-mail : \_\_\_\_\_

Student ID No. : \_\_\_\_\_ Designation : \_\_\_\_\_

Category :  Student  Faculty Member  Administrator  Member of Board of Trustees  Employee

Others

Program Name : \_\_\_\_\_

Semester : 1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th  Credit Transfer  Thesis

**I agree to follow the rules of library and pay the replacement cost for any book(s) or other reading materials lost, damaged or destroyed by me.**

Patron's Signature  
Date :

Signature  
Chairman of the Department

Signature  
Librarian