Application for library membership and library cards for the University Academic Staff and Non- Academic Staff

Name in full			
Permanent address			
Post held			
Position (Perm	anent / Temporary / Visiting)		
Date attached to the service			
Expire date of service	e		
Faculty / Department / Office			
The undersigned, I w	vould be grateful it	f you could grant the library cards for lend	
the library books from the central library. Hence I assure that I obliged to use the			
library according to the library rules & regulation.			
,	•		
Date:		signature:	
Recommendation He	ead of department		
I the undersigned, certify the above details are true and correct according to my			
knowledge and I assure He / she will use the library with in good condition and			
responsibility.			
Date:		Signature:	
		Position:	

Statement of the Witness

I the undersigned, if any lost, damages, caused to the publication belongs to the				
library or delayed to returned etc. by	y Prof. / Dr. / Mr. / Mrs.			
l obli	iged to replace or surcharge behalf			
of him/her.				
> Name in full:				
> Position:				
> Faculty / Dept. / Office:				
Date:	Signature of the applicant			
OFFICE USE ONLY				
Approval of the Librarian / Senior Asst: Librarian permission granted /				
granted.				
Registration no:				
Lending cards issued:				
Reference cards issued:				
Date issued:				
> Date expires:				
Senior Assistant Librarian	Date:			