



Please attach two photographs of 1x1 size

Faculty and Staff Membership Services

- School of Business and Economics
 School of Science and Technology
 School of Social Sciences and Humanities
 School of Professional Advancement
 Institute of Audit and Accountancy
 School of Law and Policy

- Faculty: Department _____ Designation _____ From _____ To: _____
- Visiting Faculty: Department _____ Designation _____ From _____ To: _____
- Staff / RA / TA: Department _____ Designation _____ From _____ To: _____
- Other (Please specify) _____

Name (in Block Letters) _____

Father's Name _____

National ID Card No.

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Present Address _____

Mobile No _____

Permanent Address _____

E-mail: _____ Off. Ext. _____ Signature _____ Date _____

Employee Code: _____ Verified by HRD _____ Date _____

Visiting Faculty Code: _____ Verified by Director Campus _____ Date _____

FOR LIBRARY USE ONLY

<input type="checkbox"/> Permanent Faculty <input type="checkbox"/> Visiting Faculty <input type="checkbox"/> Staff / RA / TA <input type="checkbox"/> Other _____	Membership No. _____ Starting Date _____ Ending Date _____ Signature: _____ <p style="text-align: right;">Chief Library Officer</p>
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Library Membership Form