

Library Membership Form (Faculty/Staff)

Photo
1x1
(Compulsory)

(Signature)

I hereby apply for the membership and permission to borrow books and other Information materials from the MNS-UAM Library. Name ____ Father Name Employee Code/Any other No. ______ Designation ____ Faculty/Department_____ Email CNIC No. (Compulsory) (Compulsory) Phone Res. Mob. Present Address Permanent Address **UNDERTAKING** I agree to abide by the library rules and regulations enforced from time to time and to pay the replacement value of the books and other material lost, damaged or destroyed whilst in my possession, and will take proper clearance from the library, before leaving the university. Signature: Date: (Applicant) (For library staff only) Expiry/Clearance Date: _____ Membership No._____ Category_____ Library Stamp Membership given by ____ (Sig. Staff) Date: Authorized Signature: _____