



UNIVERSITY OF AGRICULTURE, FAISALABAD
DEPARTMENT OF LIBRARY

No. _____

Dated _____

MEMBERSHIP APPLICATION (STAFF)

Please enroll me as a member of the Library. I hereby undertake to abide by the rules and regulations of the Library and to pay the replacement value of any book/material lost, damaged or destroyed while in my possession along with the prescribed penalty. My particulars are given below:

PARTICULARS

1. Name _____
2. Father's Name _____
3. Designation _____
4. Status _____
5. Date of Appointment: _____
6. Department _____
7. Faculty _____
8. Present Address _____

9. Permanent Address: _____

10. N.I.C.

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11. Phone No. (Res.) _____ Mobile No. _____

11. Signature of the applicant _____

Chairman _____

Signature & Stamp

Dean, Faculty of _____

Signature & Stamp

FOR OFFICIAL USE ONLY

The applicant has been issued Library Card No. _____
Dated _____.

CIRCULATION DESK
Library, U.A. Fsd.

- i. Please attach two attested recent photograph (Passport size).
- ii. Copy of National Identity Card.
- iii. Copy of the Appointment letter/orders.