



**SZABIST LIBRARY ISLAMABAD CAMPUS**

**MEMBERSHIP APPLICATION FORM**

I hereby apply for membership of **SZABIST** Library. I agree to pay the replacement value of any book or material lost, damaged or destroyed while in my possession. I shall abide by all the regulations of the library.

NAME (BLOCK LETTERS) .....

FATHER'S NAME .....

N.I.C. NUMBER .....

DEPARTMENT/ CLASS ..... / .....

SEX       MALE                       FEMALE

POSTAL ADDRESS .....

E-MAIL..... CELL No.....

DATE..... SIGNATURE OF APPLIANT.....

**VERIFICATION BY PROGRAM MANAGER:.....**

NAME of (V.F / P.F)..... PROGRAM/SUBJECT.....

DATE..... SIGNATURE OF P. MANAGER.....

.....

\_\_\_\_\_ **For Office use only** \_\_\_\_\_

The applicant is granted membership for the year \_\_\_\_\_ with the Library Membership No. \_\_\_\_\_

Date: .....

**Librarian**

**Head of Library**