GC WOMEN UNIVERSITY SIALKOT
Library & Learning Resource Centre

Membership# _____

Library Membership Form for Faculty

I hereby apply for the membership and permission to borrow books and other Information materials from the Library- GC Women University Sialkot.

Name _____Father Name _____

Designation_____Status(Regular/Conract/Visiting)_____

Department/Faculty_____

CNIC No. | | | | | | - | | | | | | | | - | |
(Compulsory)

Email Address _____

Phone Res. | | | | | | | | | | | | | | Phone Cell. | | | | | | | | | | | | | |

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 School.

Date: _____ Signature: _____
(Applicant)

Confirmation from the Dean / Head of Department

It is Certified that Mr. / Ms. _____is serving as Faculty / Staff/ Teaching Assistant / Research Assistant at GC Women University Sialkot.

Signature: _____ Date: _____
(Office Stamp)

(FOR USE OF LIBRARY STAFF ONLY)

Librarian: _____ Membership given by: _____