# GC WOMEN UNIVERSITY SIALKOT

## Library & Learning Resource Centre

## Student Membership Form

*Paste a recent photograph here.*

Student ID/Roll No. _____

Name (in Block Letters) _____

Father's Name_____

National ID card | | | | | | | | | | | | | | | |

Department_____Program_____

Session _____Semester_____

Mobile _____E-mail Address_____

Permanent Home Address _____

**Note:**

- ***Mark if you applying for a Duplicate Card.***
- ***A fine of Rs.100 will be charged for duplicate card.***
- ***Please Attach one additional picture for library card.***

---

Applicant's signature _____

Head of Department Signature& Stamp_____

---

**<u>For office use only:</u>**

Membership No_____

Date of Issuance _____Date of Expiry _____

Librarian_____