IQRA University Library Islamabad Campus

Required one passport size photo

Date:

Library Membership Form (Faculty/Staff)

I apply for the *Library Membership*; I shall abide by the rules and regulations of the library.

My particulars are as under: Emp. No. _____ Employee Name: ____ S/O D/O: Designation _____ CNIC Department: Recent e-mail address (important) _ Permanent Home Address Telephone # (Home /Office) Cell #: **Undertaking:** I promise that I will return all library books / materials issued to me and will take Clearance from the library before leaving the university Signature of Applicant: ______ HoD / In charge Sign: ____ **For Office Use Only** Library Card #: _____ allotted to him / her for the year: ____ Librarian: Received library Card: