



University of Central Punjab

UCP Library Membership Form

For Office Use Only

Member Id.: _____

Membership Date: _____

Expiry Date: _____

Member's Type: Honorary Permanent Visiting Staff

First Name: _____ Last Name: _____

Designation: _____ Date of Joining: _____

Faculty / Department:

- Faculty of Management Studies (FMS)
 - School of Accounting and Finance (SAF)
 - UCP Business School (UBS)
- Faculty of Information Technology (FIT)
- Faculty of Engineering (FOE)
- Faculty of Arts & Social Sciences (FASS)
- Faculty of Pharmacy (FOP)
- Faculty of Life Sciences (FLS)
- Faculty of Law
- School of Media & Communication Studies (SMCS)
- Other: _____

Present Address: _____

Phone No.: _____

Permanent Address: _____

Phone No.: _____

Email: _____

UCP Office Ext. _____

Applicant's Signature

Dean Signature & Stamp

For office use only

Librarian (Circulation)

Director Libraries Signature & Stamp