

University of Central Punjab



Library Membership Form

Member's Type: Permanent Visiting Staff

First Name: _____ Last Name: _____

Designation: _____ Date of Joining: _____ Employee Code: _____

Please mention your faculty (In case of Faculty Member)

- | | |
|--|--|
| <input type="checkbox"/> Faculty of Information Technology | <input type="checkbox"/> Faculty of Science |
| <input type="checkbox"/> Faculty of Management Studies | <input type="checkbox"/> Faculty of Law |
| <input type="checkbox"/> Faculty of Arts and Social Sciences | <input type="checkbox"/> Faculty of Engineering |
| <input type="checkbox"/> Faculty of Pharmacy | <input type="checkbox"/> School of Media and Communication Studies |
| <input type="checkbox"/> Faculty of Life Sciences | |

Please mention your Department (In case of Staff)

You're Department: _____

Present Address: _____

Permanent Home Address: _____

Phone No.: _____ Mobile: _____ UCP office Ext. _____

Official Email: _____@ucp.edu.pk Alternate E-Mail: _____

Applicant Signature: _____ Date: _____

• *Signatory Authority in case of Faculty/ Staff* Dean/ HoD (Stamp & Signature). _____

• *Signatory Authority in case of Deans/ Registrar/ Directors/ HoDs.*

Pro-Rector (Stamp & Signature). _____

For Library Use Only

Membership ID: _____ Membership Stated Date: _____ Membership End Date: _____

Signature & Stamp Circulation Librarian: _____

Signature & Stamp Director Libraries: _____