

**LIBRARY MEMBER SHIP FORM**

**(NTB)**

**Rawalpindi Medical University Rawalpindi**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/O, D/O,W/O\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(For Student Only) Class \_\_\_\_\_\_\_Roll No\_\_\_\_\_\_\_\_ Batch\_\_\_\_\_\_\_ Session\_\_\_\_\_\_\_\_\_\_\_\_**

**(For Faculty) Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department /Unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C.N.I.C NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Present Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requirement:**

**03 Photo, CNIC, College Card / Hospital Card**

**SOP’s Library Strictly Observed**

**Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Librarian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**