Rawalpindi Women University

Please attach one photograph

Faculty and Staff Library Membership Form

Faculty: ☐ Designation_____

Staff: ☐ Designation_____

Name (In Block Letters): _____

Father's Name: _____

National ID card No

					-								-	

Home Address_____

Email_____Off. Ext _____

Mobile No_____ Date _____

Borrower's Signature_____ HOD Signature _____

FOR LIBRARY USE ONLY

☐ Permanent Faculty ☐ Visiting Faculty ☐ Staff (Regular) ☐ Staff (Contract)	**Membership No** _____ **Starting Date** _____ **Signature** _____ **Librarian**