

Mohammad Ali Jinnah University

Photograph
(3 Photographs)

Library Membership Form

Name: _____

Identification Number: _____ Trimester _____

Registration Number: _____

Postal Address: _____

Telephone: _____

Email Address: _____ Cellular Number: _____

I will abide by all rules and regulations prescribed by the University Administration for usage of Library facilities.

Signature of Student: _____ Date: _____

For Office Use Only

Student Enrollment Verification by the Registrar

- Student is currently enrolled in this trimester
- Student is not currently enrolled in this trimester

Date: _____

Registrar

Student Fee Verification by the Accounts Officer

- Student has paid his dues for this trimester
- Student has not paid his dues for this trimester

Date: _____

Accounts Officer

Library Membership Number allotted: _____

Signature of Librarian: _____

Date: _____

NOTE FOR STUDENTS

1. All the above given data should be true. Any information withheld would be considered as cheating.
2. The process for membership will take a week
3. Student is liable to report to the Library, if he/she has Withdrawn from the trimester
4. Membership policies are subject to change without any prior notice.