

LIBRARY
CHITTAGONG INDEPENDENT UNIVERSITY

16, Jamal Khan Road, Chittagong
Phone 611262, 622946, 636484, Ext. 120, 140, E-mail: library@ciu.edu.bd,

Membership Form (Students)

Attach a
PP Size
Photograph

Last Name : _____

First Name : _____

Date of Birth : _____

Sex : **Male**
 Female

Present Address : _____

Zip Code : **(Mandatory)**

Permanent Address : _____

Zip Code : **(Mandatory)**

Telephone (Father's) : _____

Mobile : _____

Contact (Home) : _____

E-mail : _____

Category (Student) : **Undergraduate**
 Graduate

ID No : _____

I hereby declare that all the information mentioned above is true to the best of my knowledge and I also declare that I shall abide by the rules and regulations of the IUBC library laid down by the IUBC Authority.

Signature

Date

Official Use Only

Registration Date : _____

Expired Date : _____

Posted

Signature of the Librarian