

Membership Form (Faculty / Admin)

Name (In Capital) :

Sex : ☐ Male
☐ Female

Category : ☐ Permanent Faculty
☐ Adjunct Faculty
☐ Administrative Staff

Designation :

School / Department :

Present Address :

Permanent Address :

Mobile No (Personal) :

Mobile (Family) :

E-mail :

Employee 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 CIU LLRC laid down by the CIU Authority.

Signature

Date

Official Use Only

Registration Date :

Expired Date :

Posted

Signature of the Librarian