Library and Learning Resources Centre (LLRC) CHITTAGONG INDEPENDENT UNIVERSITY (CIU)

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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 Pagistration Data		
Registration Date Expired Date	Po	sted
Signature of the Librarian		