

Membership Form (Students)

Name :

Sex : ☐ Male
☐ Female

Present Address :

Permanent Address :

Mobile No (Personal) :

Mobile (Family / Father):

E-mail :

Category (Student) : ☐ Undergraduate
☐ Graduate

School : ☐ CIUBS ☐ SSE ☐ SoL ☐ SLASS

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