LIBRARY

CHITTAGONG INDEPENDENT UNIVERSITY

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

Membership Form (Faculty/Staff)

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)**

Mobile :

Contact (Home) :

E-mail :

Category : **Staff** ☐
Faculty ☐
Adjunct Faculty ☐

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 IUBC library laid down by the IUBC Authority.

_____ _____
Signature **Date**

Official Use Only

Registration Date :

Expired Date :

Posted

_____
Signature of the Librarian