



Forman Christian College – A Chartered University
The Ewing Memorial Library

Library Membership Request Form

Faculty	Student	Staff
<input type="checkbox"/> Regular <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Visiting	<input type="checkbox"/> Intermediate <input type="checkbox"/> B. Sc. <input type="checkbox"/> Masters <input type="checkbox"/> M-Phil	<input type="checkbox"/> Regular <input type="checkbox"/> Contract <input type="checkbox"/> Part-time
<input type="checkbox"/> Other (please Specify): _____		

Full Name: _____

Department: _____ Class: _____ Roll No: _____

Residential address (Lahore): _____

Permanent address: _____

Phone Number: _____ Cell Number: _____

E-mail address: _____

Period of membership: From: _____ To: _____

Signature of Requester

Certified that the requesting person will remain student / staff / faculty with this Department for the period specified. We take responsibility to ensure return of all library books before the end of his / her tenure with us.

Signature of Head of Department
Stamp

For Office Use Only

Library Membership Number: _____ Date: _____