



LIBRARY REGISTRATION FORM

Name of Student: _____

Father's Name: _____

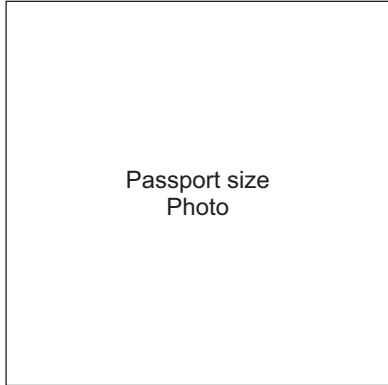
Student ID: _____

CNIC:

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Session: _____ Professional/Year: _____

Contact No.: _____ E-mail: _____



I have read all the rules and regulations and instructions to use library as mentioned in the Prospectus and affirm to abide by all these rules and regulations as well as fair use of library materials, resources and equipment.

Signature: _____
(Applicant/Student)

Dated: _____

(FOR OFFICE USE ONLY)

Certify that the application/candidate has paid Security fee of Rs.: _____ and Library Card fee of Rs.: _____ vide Deposit Slip No. _____ dated _____.

Accounts Officer: _____

(TO BE FILLED BY INCHARGE LIBRARY)

Name: _____ S/D of _____ may be allowed to be registered with IRASP Library and thereafter to issue him/her Library Card.

Signature with Stamp: _____

Approved by:

HOD: _____