



# COMSATS University Islamabad

## Sahiwal Campus

COMSATS Road off G.T. Road, Sahiwal

Ph: 040-4305001-5 Fax: 040-4305006 Web: [www.sahiwal.comsats.edu.pk](http://www.sahiwal.comsats.edu.pk)

### LIBRARY MEMBERSHIP FORM for Faculty/Staff

DOC # CUI/SWL/LIB/LMFF/002

Name of Employee: -----

Father's Name: -----

Designation: ----- Category (Pay Scale): -----

Department: ----- Status:

**Visiting**

**Permanent**

Permanent Address: -----  
-----

Cell #: ----- E-Mail: -----

### Recommended by Head of Department

This is certified that Mr/Ms/ Mrs----- is working as a-----  
In this department. Kindly consider his/her form for the Library membership as per rule.

Name -----

Signature -----

Designation -----

Date -----

### CUI,Sahiwal Campus Library information Services

Form Receiving Data -----

Designation ----- Signature ----- Date -----

### **Undertaking**

I promise to abide by the Library rules.

I undertake to return the borrowed Library material on exact due date in good condition  
and I will be the responsible for damages.

In case of emergency borrowed books will be returned immediately.