



# QAUID-I-AZAM UNIVERSITY

DR. RAZIUDDIN SIDDIQUI MEMORIAL (DRSM) LIBRARY

NO: \_\_\_\_\_

Dated: \_\_\_\_\_

Passport  
Size pic

## LIBRARY MEMBERSHIP FORM

**BORROWER'S NO.** \_\_\_\_\_  
(DO NOT WRITE ABOVE THIS LINE)

I hereby apply for membership of library and promise to abide by all the rules and regulations of the library in force from time to time.

**NAME (BLOCK LETTERS)** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

**DEPARMENT:** \_\_\_\_\_

**DESIGNATION:** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

CHARIMAN/DIRECTOR  
OF THE DEPARTMENT

INCHARGE CIRCULATION

LIBRARIAN

**Attach the following documents:**

- i.* One Recent passport size
- ii.* One Copy of NIC
- iii.* One Copy of Appointment Letter
- iv.* One copy University id card