



GOVERNMENT COLLEGE WOMEN UNIVERSITY FAISALABAD
DEPARTMENT OF LIBRARY

No. _____

Dated _____

LIBRARY MEMBERSHIP FORM

Kindly enroll as a member of the library. I hereby undertake to abide by the rules and regulation of the library and to pay the replacement value of any book/material lost, damaged or destroyed while in my possession along with the prescribed penalty. My particulars are given below.

PARTICULARS

1. Name _____
2. Father's Name _____
3. Present Address _____
4. Permanent Address _____
5. District. _____
6. Registration No. _____
7. Program _____ Session _____
8. Department _____
9. Roll No. _____ Section _____
10. CNIC No/B-Form No. _____ Blood Group _____
11. For Boarders Hostel _____ Room No. _____
12. Phone No.(Res Guardian) _____ Mobile No. _____

Signature of the applicant _____

Attestation by chairperson.

I hereby certify that the applicant is a bonafide of this University and the above particulars given by her are correct.

Signature (Chairperson) _____

Name _____

Designation _____

Stamp _____

Document Attached

- i. Copy of National identity card (Student/Parents/Guardian).
- ii. Undergraduate Membership fee Rs. 150/- & Postgraduate Membership fee Rs.200/-



GOVERNMENT COLLEGE WOMEN UNIVERSITY FAISALABAD
DEPARTMENT OF LIBRARY

No. Lib. / _____

Dated _____

APPLICATION FOR DUPLICATE LIBRARY CARD

Kindly issue me duplicate Library card under the rules and regulations of the Library as my previous card has been lost. I tried my best to locate it but not successful. My particulars are as under:

PARTICULARS

1. Name _____
2. Father's Name _____
3. Regd. No _____
4. Class _____ Semester _____
5. Roll No _____
6. Major _____
7. Faculty _____
8. CNIC No. _____
9. Phone No. _____

Signature of Applicant

Verified By:

Library Incharge _____

Principal Officer (Library)
Department of Library.

Received Rs250/- as prescribed duplicate fee vide receipt No _____

Bank Receipt No _____