

Pir Mehr Ali Shah
ARID AGRICULTURE UNIVERSITY, RAWALPINDI
Main Library

LIBRARY MEMBERSHIP PROFORMA
FOR EMPLOYEES

Name: _____ S.D/o: _____

Designation: _____ Department: _____

Date of Joining: _____

Permanent Address: _____

Phone#: _____ Cell: _____

Present Address: _____

Phone#: _____ Cell: _____

E-mail: _____

[Tick one of the relevant box]

Category of Services:

- | | |
|---------------------------------------|------------------|
| a. <input type="checkbox"/> Regular | b. Adhoc |
| c. <input type="checkbox"/> Temporary | d. Contract |
| e. <input type="checkbox"/> Visiting | f. Leave Vacancy |
| g. <input type="checkbox"/> Others | |

Signature of Applicant

Signature of Librarian

Counter Signature & Stamp of
Head/Chairman Department.

Note:-

- ▶ Please furnish an attested computerized National Identity Card.
- ▶ Copy of appointment letter.