



**Shaheed Tajuddin Ahmad Medical College, Gazipur**  
**Application Form for Library Membership**  
**(Students)**

Passport Size  
Photograph

Name				
Father's Name			Father's Mobile	
Batch		Roll No.	Session	
Present Address				Uni. Reg.-
Permanent Address				
Mobile		E-mail		

- Please attach the following documents - 02 copy color photograph (01 passport & 01 stamp size), photocopy of college ID card.

**Undertaking**

- The information given above is true to the best of my knowledge and I agree to inform the library promptly of any change.
- I agree to abide by the rules and regulations of the library.

Signature		Date	D	M	Y
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**Verified & Approved Library Authority**

- Verified and found that the above information is correct. So issued library ID card based on the above information.

Card Number		Issued On (Date)	D	M	Y
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Librarian/Asst. Librarian  
Shaheed Tajuddin Ahmad Medical College, Gazipur