



Shaheed Tajuddin Ahmad Medical College, Gazipur

Application Form For Library Membership (Teachers)

Passport
Size
Photograph

Name (In Block Letter)			
Designation			
Department		Date of Joining	
Residential Address			
Mobile No.		E-mail	

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

Undertaking

- I conform that the information is accurate and agree to inform the library promptly of any changes.
- I agree to abide by the rules and regulations of the library.

Signature		Date	
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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.

Membership No.		Issued On (Date)	
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Librarian/Asst. Librarian
Shaheed Tajuddin Ahmad Medical College, Gazipur