

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. 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 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