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 **M. Azizur Rahman Library**

 **Membership Form**

Name : …………………………………………………………………………..………………….

Designation (For Faculty/Staff): …………………………………………………………….

Department: …………………...…………… Program: ……..………………..

Batch: …………………… ID Number: ………………………………………

E-Mail: …………………………………………………………….…………..

Date of Birth :………………….… Semester of Admission: ………..………..

Year of Admission …………………..

**Present Address:**

Village Road………………...……….. Post Office………….………………..

Upazila/ Thana…………………….……… District …………………………

Post code ………………… Phone:………………..………………………….

**Permanent Address :**

Village Road……………………….. Post Office…………...………………..

Upazila/ Thana………………….……… District ……………………………

Post code ………………… Phone:……………………………….………….