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I hereby apply for the membership & permission to borrow books and other Information materials from the SADA Library.

Name		Designation
Department		
Present address		
Permanent address		
Residence Phone No		Cell No
CNIC. No	-	Email
Subject of interest (1)		2)
	UND	ERTAKING
replacement value of the boo	oks and other m	d regulations enforced from time to time and to pay the naterial lost, damaged or destroyed whilst in my possession, ary before leaving the Institute.
Date:		Signature:
		(Applicant)
<u>(</u>	CONFIRMATI	ION FROM THE PRINCIPAL
Certified that Mr. / Ms		is serving in SADA.
Signature:		Date:
Office Stamp:		
	(For use	of library staff only)
Membership No	Date	Category/Page No
Date of Expiry / Clearence_		Signature
		(Library Officer)