

KFR Library
AHSANULLAH UNIVERSITY OF SCIENCE AND TECHNOLOGY
141-142, Love Road, Tejgaon I/A, Dhaka 1208
Phone: 8870422, Ext. 105, Email: librarian@aust.edu

Membership Form (Faculty/Staff)

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Photograph

(Please write your name/ID at the back side)

Last Name :

First Name :

Date of Birth : (mm-dd-yyyy)

Gender/Sex :
Male
Female

Present Address :

Zip Code : (Mandatory)

Permanent Address :

Zip Code : (Mandatory)

Telephone (Home) :

Mobile (Personal) :

Contact (Alternative) :

Email :

Category (Patron) : **Faculty** **Department** :
Staff **Designation** :

ID No. (IUMS) :

I hereby declare that all the information mentioned above is true to the best of my knowledge and I also declare that I shall abide by the rules and regulations of the AUST KFR library, laid down by the AUST Authority.

Signature_____
Date

Office Use only

Registration Date :

Expired Date : **Posted**

Signature of the Librarian