Membership No: | | | | | | | | |

SRI LANKA INSTITUTE OF INFORMATION TECHNOLOGY
Application for Library Membership- Staff

01. Full Name of Member:

02. Status: **Dr. / Mr. / Mrs. / Miss.**

03. Occupation: ……

04. Staff EMP No.

05. Attached Faculty / Department: ……

06. Postal Address: ……

……

07. Contact No. *(Home/Office)*

(Mobile)

08. E-mail Address: ……

I hereby agree to abide by the book lending procedure of the SLIIT Library.

…….. ……

Signature of Member Date

Subject Interest :

Use for Library Staff

Special Remarks …… (If Transferred to ……../ Transferred from ……)

Signature of Library Staff…… Date: … / … / …….

SuM