



ALLAMA IQBAL LIBRARY

University of Kashmir -190006, Kashmir

FORM FOR VISIT TO CENTRAL LIBRARIES OF IUST/CUK

Membership ID

v t l s

Registration No.

CATEGORY Scholar

Student

Faculty

PERSONAL INFORMATION

SURNAME (In Block Letters) _____ FIRST NAME _____ Tick(Male/Female)

MIDDLE NAME _____ D.O.B (yyyy/mm/dd)

CONTACT INFORMATION

Permanent Address (In Block Letters) _____ District: _____

Pin Code: _____ Contact No. (Mandatory): _____

E-Mail (Mandatory): _____ @ _____

Course _____

Department _____

Year of Registration (Batch)

I hereby declare that I have received one access card of _____.

I also accept all the rules and regulations of the library of _____.

Signature of Applicant

User authorized

Sr./ Assistant Librarian (Circulation)

Librarian

FOR OFFICE USE

Card Issued

Certified that the details of access card issued to the user are entered into the Virtua account.

Incharge Circulation

Sr./ Assistant Librarian (Circulation)

Card Returned

Incharge Circulation

Sr./ Assistant Librarian (Circulation)