



STATE BANK LIBRARY MEMBERSHIP FORM

(For Non-Employees / Outsiders Only)

Name: _____

Father's Name: _____

CNIC No: _____

Name of Institution: _____

Institutional Address: _____

Designation / Educational Program: _____

Present Home Address: _____

Permanent Home Address: _____

Phone (Office): _____ (Res): _____ (Mobile): _____

E-mail Address: _____

Two passport-size
color photographs
along with a copy of
CNIC

Date: _____

Applicant's Signature

To be verified by an In-Service SBP/SBP-BSC Employee

I, agree to provide surety for Mr/Miss/Mrs _____

S/D/W/O _____ and undertake to pay the Bank the replacement cost of book(s) on borrower's failure to return the book(s) or to pay for the lost book(s).

Name: _____ Designation: _____

Department / Posting Office: _____ Grade: _____

PIN: _____ Index No: _____ Date of Retirement: _____

Phone (Office): _____ (Res): _____ (Mobile): _____

E-mail Address: _____

Date: _____

Office Seal & Signature

FOR OFFICE USE ONLY

Please check and issue the Borrower's Card to the applicant.

Chief Librarian

Unit Head

Card No: _____ Issue Date: _____

Borrowing Limit: _____ Valid Up to: _____

Assistant Librarian