



Primeasia University Central Library

a mission with a vision

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LIBRARY MEMBERSHIP APPLICATION FORM

Name (In Block Letters)	
Father's Name	
Mother's Name	
Blood Group	
Date of Birth	
Birth Certificate No.	
Profession	
School	
Department	
PAU ID No.	
Present Address	
Permanent Address	
Telephone	
E-mail Address	

	Village:	Post:
	Upazilla/U.P:	District:
	T&T:	Cell:
☐ Student	☐ Faculty	☐ Staff
☐ Business	☐ Engineering	☐ Law
☐ Science		
	☐ Male	☐ Female

I hereby declare that all the above information are correct and I agree to comply with the rules and regulations of the Primeasia University Central Library.

Date of submission

Applicant's Signature

FOR OFFICIAL USE ONLY

Library ID	
Validity : From	To
Signature & Date	
<u>Respective Officer</u>	