

THE LIBRARY SYSTEM RAJARATA UNIVERSITY OF SRI LANKA MEMBERSHIP FORM FOR LIBRARY INTEGRATED CIRCULATION SYSTEM

CARD NUMBER^{*1}

UPF No or Student Reg. No

(Please attach the copy of appointment letter or valid University Identity Card)

MEMBER PERSONAL DETAILS

Rev./Prof./Dr./Mr./Mrs./M	iss.*	Initials*				
Given Names*		N	ame (s) deno	ted by initia	S	
Surname*						
Male* Female*	·	Date of Bir	th* dd	mm yy		
Designation*	[
Permanent Address*						
	L					
District*						
Joining Branch*		Main Lib.	Agri.Lib.	App.Lib. M	ed.Lib Te	ech.Lib
Work Place			Faculty SSH	H MGT A	PP MED	FOT
Department*			Phone No (I	Home)		
NIC No.*			Phone No(D	Daytime)		
Email Address*						
GURANTOR'S CONTACT	DETAILS (Sho	ould be the	Dean or HOD	of your Fac	ulty)	
Guarantor's Name*						
Contact No*			Relationshi	p*		
I here certify that above mentioned details are true & correct, and agree to abide by the rules and regulations of the library.						
Signature of user			Date	dd	m m	γγ
Recommendation of HOD						
FOR LIBRARY USE ONLY						
Joining Date	d mm	YY	Expiry Date	dd	111 111	YY
Category						
Circulation Note						
Signature of the Librarian						
Important Links						
Library Website URL Institutional Repository URL		http://www.rjt.ac.lk/libraryagr/				
Library Online Catalogue URL		<u>http://repository.rjt.ac.lk:8080/</u> http://opac.rjt.ac.lk/				

Card No should be 8 Digits UPF No or 17 Digits Student Reg. No