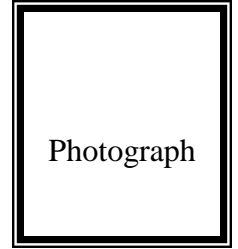


# Rashid Latif Medical Complex

## Faculty/ Staff Library Membership Form



Photograph

**Please tick one:**

**INSTITUTES :**

<b>RLMC</b>	<b>RLDC</b>	<b>RLCP</b>	<b>RLCPT</b>	<b>RLIAHS</b>
<b>RLNC</b>	<b>RLDPP</b>	<b>AMPC</b>	<b>AMTH</b>	<b>OTHER:</b> _____

**Dated:** \_\_\_\_\_

**Library ID:** \_\_\_\_\_

(Office use only)

**Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

(FULL NAME IN BLOCK LETTERS)

**Department:** \_\_\_\_\_

**Designation:** \_\_\_\_\_ **CNIC:** \_\_\_\_\_

**Employee Code:** \_\_\_\_\_ **Contact No:** \_\_\_\_\_

**College/ institute E-mail Address:** \_\_\_\_\_

**Personal E-mail Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

\_\_\_\_\_  
**Head of Department**

\_\_\_\_\_  
**Shafqat Rafique**  
**Chief Librarian**  
**Rashid Latif Medical Complex, Lahore**