



STATE BANK LIBRARY MEMBERSHIP FORM

(For Non-Employees / Outsiders Only)

Name: _____

Father's Name: _____

C.N.I.C. No: _____

Name of Institution: _____

Address: _____

Designation/ Educational Program: _____

Present Address: _____

Permanent Address: _____

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

E-mail Address: _____

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

Date: _____

Applicant's Signature

To be verified by 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: _____

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 Upto: _____

Library Assistant