



**GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY
LIBRARY REGISTRATION FORM FOR STAFF MEMBERS (CIVIL/ MILITARY)**

Office Use Only	
Card No	
Category	
Library	MAIN/ FOM/ FAHS/ SOUTHERN

Please fill in the requested details. Information provided will be used solely for the purposes of library administration.

NIC number:

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 EPF / service No:

Date of Birth:

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 Gender:

Library Membership No (if already a member) :

Title (Rev./Prof./Dr./Rank/Mr./Mrs./Miss.) :

Name with initials in block letters:

Full name in block letters:

Official Address:

Home Address:

Telephone Numbers:

Office: Home: Mobile:

Email: Designation:

First appointment date:

Faculty: Department/Section/Unit:

I hereby undertake to abide by all rules, regulations and procedures of the library, I will be financially Responsible for material issued to me, which I agree to settle promptly.

Signature:

Date:

Recommended By (Applicable only for Military staff)
(Adjutant / Director Admin-UHKDU)

Signature:

Date:

Name :

For office use only

Approved / Not Approved

Signature of the librarian:

Date:

Clearance Certificate Issued

Yes		No	
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Issued By:

Signature:

Date:

Name :

