INSTITUTE OF HUMAN RESOURCE ADVANCEMENT

UNIVERSITY OF COLOMBO

Library Membership form

For Library use only

1. Course: ……
2. Surname: ……
3. Other names: ……
4. National Identity no. : ……
5. Student registration no. : ……
6. Residential address: ……

……

Telephone no: Mobile: ……

Residence: ……

Office: ……

8. E-mail address: ……
9. Designation: ……
10. Official address: ……

……

11. Year admitted to this course: ……

I hereby agree to abide by IHRA library rules, to be responsible for the materials lent to me and to pay for any items lost or damaged while in my care.

…… ……

Date Signature

Recommendation of the Head of Department. (with the rubber stamp)

Name: ……

Designation: ……

…… ……

Date Signature

Received the library tickets

…… ……

Date Signature