

KINNAIRD COLLEGE FOR WOMEN

The Main Library

Kinnaird Staff Membership Request Form

Attach
photographs
here
02 Passport size

Faculty	OFFICE
Regular <input type="checkbox"/>	Regular <input type="checkbox"/>
Part Time <input type="checkbox"/>	Contract <input type="checkbox"/>
Temporary <input type="checkbox"/>	Visiting <input type="checkbox"/>
Visiting <input type="checkbox"/>	
Other (please specify)	

Full Name: _____ Father Name/Husband Name: _____

Department/Major: _____

For Office Use only

Temporary Address: _____

Permanent Address: _____

Phone Number: _____ Residential Number: _____

E-mail Address: _____

Year: _____ Date: _____

Signature of Requester:

Head Approval Sign:-

For Office use only: