



**Library Sukkur Institute of Business Administration**  
**Library Relationship Form**

Affix two recent  
photographs

CMS ID: \_\_\_\_\_

Department: \_\_\_\_\_ Class: \_\_\_\_\_

Semester: \_\_\_\_\_ Session: \_\_\_\_\_

Name: \_\_\_\_\_

CNIC: 

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

Permanent Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Country \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Country \_\_\_\_\_

E-mail: \_\_\_\_\_

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**For Office Use Only**

Form No: \_\_\_\_\_ Library Membership No.: \_\_\_\_\_

Date of Grant: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

Circulation Services: \_\_\_\_\_ Chief Librarian: \_\_\_\_\_