



# SIR SYED LIBRARY

Sir Syed CASE Institute of Technology

Block A, Multi Garden, B-17 Islamabad, Email: [library@case.edu.pk](mailto:library@case.edu.pk) , [case-library@case.edu.pk](mailto:case-library@case.edu.pk)

Web Link. <http://www.case.edu.pk/Library/Default.aspx>

## Employee Membership Form

Organization:  CASE  CARE

Name: (in block letters) \_\_\_\_\_

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

N.I.C: \_\_\_\_\_ Gender:  Male  Female

Department (CASE/CARE) \_\_\_\_\_ Designation: \_\_\_\_\_

Employee type:  Permanent  Contract  Visiting  TA  Internee  Part time

Office Ph: \_\_\_\_\_ Ext: \_\_\_\_\_

Current Address:: \_\_\_\_\_

Ph. (Cell) \_\_\_\_\_ (Res) \_\_\_\_\_

Email: \_\_\_\_\_

Attach  
Two  
1x1  
photographs

Signature: \_\_\_\_\_

### Recommended by

GROUP MANAGER / CHAIRMAN

I confirm that Mr/Miss/Mrs \_\_\_\_\_ S/D/W of \_\_\_\_\_

Is working as \_\_\_\_\_ in the department of \_\_\_\_\_ under my supervision and his/her employment period is for \_\_\_\_\_ days/years.

(please write *indefinite* if time period is not known)

Signature: \_\_\_\_\_ Office Seal: \_\_\_\_\_

### For Library Use Only

Date of Submission: \_\_\_\_\_

Particulars Checked

Remarks:

Member No: \_\_\_\_\_ C/N: \_\_\_\_\_

\_\_\_\_\_  
Assistant Librarian

\_\_\_\_\_  
Librarian