For office use:-
Reg. No.
Date:

The Library

University of Colombo School of Computing

Staff Membership Application Form

1. Name:……
2. Permanent Address:……

   ……

3. University Provident Fund(UPF)Number:……
4. Telephone Number

   Home:……

   Mobile:……
5. Designation:……
6. Whether Permanent/Temporary/Casual:……
7. Department:……

   Date:

……

Signature of Applicant

Recommendation of Department Head/Coordinator

……

Head/Coordinator

Recommendation of the Director / UCSC

I certify that Prof./Dr./Mr./Mrs./Miss……

……..is a/an ……..of this Institute. I recommend him/her library facilities.

……

Director UCSC

Date:……