



RELATIONSHIP FORM

Please attach one Photograph here

Gad & Birgit Rausing Library Faculty/Staff Membership Services

- SDSB
 MGSBSS
 SBASSE
 SAHSOL

Tick One of the Following Categories:

- Faculty
 Visiting/Adjunct Faculty
 RA / TA
 Staff
 Other

Department →

Designation →

Tick One of the Following Categories:

- Permanent
 Contract
 from / /
 to / /

Other (Please specify) _____

Name: (In Block Letters) _____

Father's Name: _____

Home Address _____

Phone # _____ Ext: _____ Mobile # _____

Official E-mail: _____@lums.edu.pk Signature: _____

Alternate E-mail: _____ Date: _____

For Office Use Only

- Faculty
 Visiting / Adjunct Faculty
 Staff
 RA
 TA
 Other: _____

Employee Code: _____

Name: _____ Signature: _____
Human Resource Department

Membership No. _____

Date of Grant: _____

Date of Expiry: _____

Signature: _____

Circulation Services