

KFR Library
AHSANULLAH UNIVERSITY OF SCIENCE AND TECHNOLOGY
 141-142, Love Road, Tejgaon I/A, Dhaka 1208
 Phone: 8870422, Ext. 105, Email: librarian@aust.edu

Membership Form (Student)

PP Size
Photograph

(Please write your name/ID at the back side)

Last Name :

First Name :

Date of Birth : (mm/dd/yyyy)

Gender/Sex : **Male**
Female

Present Address :

Zip Code : **(Mandatory)**

Permanent Address :

Zip Code : **(Mandatory)**

Telephone (Father's) :

Mobile :

Contact Home :

Email :

Category (Student) : **Undergraduate** **Department** :
Graduate **Semester** :

ID No. (Student) :

I hereby declare that all the information mentioned above is true to the best of my knowledge and I also declare that I shall abide by the rules and regulations of the AUST KFR library, laid down by the AUST Authority.

Signature

Date

Office Use only

Registration Date :

Expired Date : **Posted**

Signature of the Librarian