

LIBRARY – THE OPEN UNIVERSITY OF SRI LANKA
APPLICATION FOR STAFF REGISTRATION

01. Name in Full (Rev./Prof./Dr/Mr./Miss/Mrs.):

02. Tel: (L).....(M)..... E-mail:.....

03. Permanent Address:.....

04. Designation:.....

05. Department:.....

06. Date of Birth:.....NIC No:.....

07. Employee No:.....

.....
Date Signature of the applicant

*Please attach a copy of your appointment letter.

RECOMMENDATION OF THE HAED OF THE DEPARTMENT

I certify that Rev./Prof./Dr/Mr./Mrs./Miss..... is a/an
.....of..... Department.
I recommended him/her for library facilities.

.....
Date Signature of Head of Department with official seal

I received the library card on Signature of the applicant:.....

Office Use:..... Member No:.....