HEALTH-CARE SCIENCES LIBRARY

FACULTY OF HEALTH-CARE SCIENCES EASTERN UNIVERSITY, SRI LANKA

Please affix Passport size colour Photograph here

Visiting Staff Registration Form

(Background should be blue)

1. Salutation : Rev./Prof./Dr./Mr./Ms./Miss./

2.	Surr	name	:															

3. First Name :

- 4. Sex : Male / Female
- 5. Active Email :

:_____

6. Permanent Address

7. Primary Telephone No. : ______ Other Phone No.: _____

:_____

8. N.I.C No.

9. Date of Appointment as Visiting Staff: _____

10. Institution you are attached: ______

*Please attach a copy of the appointment letter (for post of Visiting Staff)

I certify that the above Information furnished by me are true and accurate. I hereby agree to abide by all rules and regulations applicable to the Readers of the Health-Care Sciences Library.

Date :_____

Signature of Applicant

Recommendation of the Head of the Department/Dean of the Faculty

I hereby recommend to lend **two books** to above staff. If he/she fails to return the book/s, I will take the responsibility to ensure that the person concerned returns the book/s borrowed.

Name of the Head of Department/Dean of Faculty:

Signature:....

Date:....

Official Stamp: