



Membership No

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2 x Photographs  
(Size 1 x 1 inch)**INSTITUTE OF STRATEGIC STUDIES ISLAMABAD (ISSI).****Membership Form****(Please fill in the form in legible writing, leaving no space blank)**

1. I wish to become a member of the ISSI Library. My particulars are given below:-
- a. Name: \_\_\_\_\_ Male ☐ Female ☐
- b. Rank /Designation: \_\_\_\_\_ Nationality: \_\_\_\_\_
- c. CNIC No **(Attach Photocopy)**: \_\_\_\_\_ ISSI Entry Pass No: \_\_\_\_\_
- d. Address: \_\_\_\_\_ Office: \_\_\_\_\_  
Residence: \_\_\_\_\_
- e. Telephone No: \_\_\_\_\_ Office: \_\_\_\_\_ Residence \_\_\_\_\_  
Cell: \_\_\_\_\_
- f. E-mail: \_\_\_\_\_
- g. Qualification: M.A/M.Sc ☐ MS/ M.Phil ☐ Ph. D ☐
- h. Profession: Student ☐ Public Sector ☐ Private Sector ☐
- i. Status/ Appt: Faculty ☐ Student ☐ Staff ☐  
Ex-Faculty ☐ Ex- Staff ☐ Ex-Student ☐
- j. Place of Duty: \_\_\_\_\_ Passing Year: \_\_\_\_\_
- k. Field of Interest / Department:-  
International Relations ☐ Political Science ☐ Strategic Studies ☐ History ☐  
Public Policy ☐ Education ☐ Leadership ☐ Others ☐
2. I undertake that:-
- a. I have gone through ISSI Library guide
- b. I am eligible/not eligible to become regular /casual /special members of ISSI Library
- c. I shall abide by the library rules. In case of violating the rules my library membership will be cancelled.
- d. All ISSI Lib facilities will be used by me / my family and the lib membership card will never be transferred to any unauthorized person.
- e. I am aware that the facilities extended to me will be withdrawn when the time period expired.

Dated: \_\_\_\_\_

Signature of Applicant  
\_\_\_\_\_**FOR OFFICE USE ONLY**

Eligible/Not Eligible to become Regular/Special/Casual member

\_\_\_\_\_  
(Library Officer)

Director Administration \_\_\_\_\_