



Membership No

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 - e. I am aware that the facilities extended to me will be withdrawn when the time period expired.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 _____