**LIBRARY REGISTRATION FORM FOR STAFF MEMBERS**

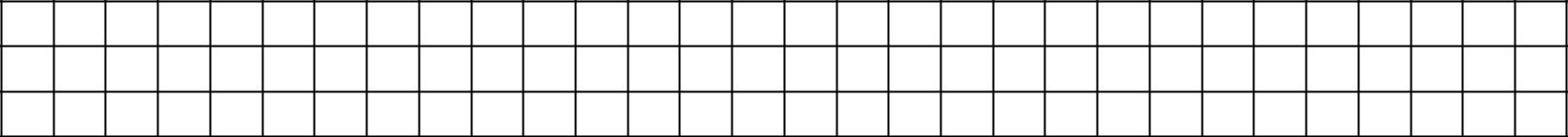
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| **Institute of Indigenous Medicine, University of Colombo** |  |  |  |
| **Office use only** | |  |
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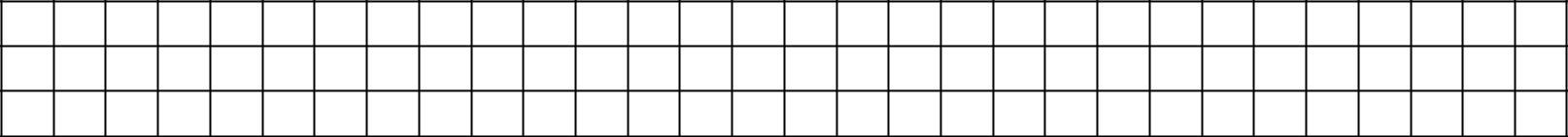
**Please supply the requested information. Information supplied is used solely for the purposes of library administration.**

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| (If already a member) | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Title(Rev./Prof./Dr./Mr./Mrs./Ms.) : | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | M |  |  | F |  |  |  |  |  |
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| Name with initials in block letters : | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Full Name in block letters : | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Official Address :



Home Address :



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| Date of birth : | | D | |  | |  | | M | | | |  | | |  | | | Y | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| Telephone Numbers : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Office | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  |
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| Email Address : | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Designation : | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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| First Appointment Date: | | | | | |  | D | |  | | |  |  |  |  | M | |  |  |  |  |  |  |  |  |  |  | Y | | |  | | | |  | | | |  | | |  | | |  | | | | | |  | | | | | | |  |  |
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| Section : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Department/Unit : | | | | | | | | | | | | | | | | | | |  | | | | | | |  |  |
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**Rules of the Library of the Institute of Indigenous Medicine**

1. Borrowers are responsible for library materials checked out to them until they are returned to the library.
2. The total responsibility of personal library accounts should be taken by the user and the library will no longer be responsible for any complaints made after activating individual user accounts.
3. The library is automated with a computer-based circulation system. Therefore:
   1. The responsibility of checking and updating library accounts rest with the user.
   2. Users must report any abuse or anonymous issuing of library materials on their accounts within 7 days of such misuse. The library will not be responsible for such misuse if complaints are not made within this time period.
   3. Users are responsible for the passwords of their user accounts.
4. Materials must be returned or the users can self-renew library materials (lending) one time more, before the return date.
5. Users must return all borrowed library materials before they resign/retire/transfer/obtain long term leave from the Institute of Indigenous Medicine.
6. Library privileges are not transferable. Library accounts can only be used by the person named in the account.
7. According to institutional rules and regulations, you will be charged for lost, damaged or unreturned material.
8. Users must abide by the library rules and regulations passed by the Library Committee of the Institute of Indigenous Medicine.
9. Abuse of library rules and regulations may result in the loss of library privileges as a whole.

I hereby undertake to abide all rules, regulations and procedures of the library. I will be financially responsible for materials issued to me, which I agree to settle promptly. I also give my consent to deduct any unsettled dues at the time of my retirement/resignation/transfer from my University Provident Fund.

Signature: …………………………………………………….. Name: …………………………………………………………..

Date : ……………………………………………………………



**For office use only**

Recommendation & Approval:

Application for library registration submitted by Rev./Professor/Dr./Mr./Ms.…………………………….…………

……………………………………………….is forwarded herewith and I recommend the granting of the library membership.

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Signature of the librarian Date

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