

The Library, University of Colombo

**APPLICATION FOR STAFF REGISTRATION**

Name Rev./Mr./Mrs./Miss ………………………………………………………………

Permanent Address …………………………………………………………………….

Phone No. ………………………………… Email………………………………………

Designation ………………………………………………………………………

(Whether Permanent/Temporary/Casual)

Department ………………………………………………………………………

Date ……………………… ………………………………

 Signature of the Applicant

***N.B.*** *1. Temporary Academic Staff should renew this application annually*

***2. The Applicants should submit this application to the main counter of the Library, with a passport size photograph***

**Recommendation of the Head of the Department**

I certify that Rev./Mr./Mrs./Miss …………………………………………………………… is a/an ……………………………………………………………………… of this department. I recommend him/her library facilities.

Department ……………………………………. ..……………………

Date ……………………………………. Head of Department

(Place the Official seal)