

LIBRARY

CHITTAGONG INDEPENDENT UNIVERSITY (CIU)

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**Membership Form
Math and Science Olympiad Corner**

(For Student Use Only)

Name (In Capital).....
Father's Name.....OccupationContacts.....
Mother's Name.....Occupation.....
Date of Birth.....Nationality.....
Religion.....Blood Group.....
Name of School / College.....
Class / Session..... Admission Year.....
Group.....Roll No.....
Present Address.....
.....
Permanent Address.....
Contacts (Mobile).....Residence.....
E-mail (If any).....

Signature of the Applicant

**Signature of the Guardian
Date:**

.....
Institutional Endorsement

This is to certify that, Mr. /Ms.....has been studying in this
School /College.....since under my supervision.

Seal of the Institution

**Signature of the Principal
Date:**

(For Official Use Only)

Librarian

Membership Code: