



**GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY
LIBRARY NETWORK
LIBRARY APPLICATION FORM FOR INSTITUTIONAL MEMBERSHIP**

Office Use Only	
Membership Number	
Institute	
No of cards issued	

Institutional information

Name of the institution: -----

Institutional Address

Street No : -----
Address Line 1 : -----
Address Line 2 : -----
City : -----
Country : -----

Details of Librarian/ Officer in-charge- Library services

Surname : -----
First name : -----
Designation : -----
NIC Number : -----
Contact number: Official -----Mobile -----
Official E-mail address : -----

Kotelawala Defence University library network will use the information that you are providing in connection with processing your application and membership. You are required to adhere with terms and condition of our library as an institutional member.

I have read and agree to the library membership terms and conditions stated on the KDU Library webpage.

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Signature of Librarian/ Officer-in-charge –Library Services

Date

Official seal stamp

Recommendation of Head of the Institution of member Library

Recommended & Forwarded

.....

Signature of Head of the Institution

Official seal stamp

.....

Date

Approval of the Librarian

I approve/ not approve the application form submitted by
..... to issue institutional
membership

.....

Signature of the Librarian

.....

Date

Issued 20 Library cards and provided Login Credentials to access for databases subscribed by KDU	
Handed over by Name: Signature: Date:	Taken over by Name: Signature: Date:
Lost / Damage cards	Informed/ Paid fines/ Remarks
Remarks	