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|  | Reference number.  Korinth,  (*They are completed by the Library*) |
| **APPLICATION FOR THE REGISTRATION OF NEW MEMBER** | |

NAME-SURNAME:

FATHER’S NAME:

CAPACITY:

REGISTRATION NUMBER:

PERMANENT HOME ADDRESS (and P.C.):

CONTACT TELEPHONE NUMBER (Landline and mobile):

EMAIL:

Please register me in the services of the Library of the Department of PSIR.

* When submitting the registration application, please submit a copy of your academic ID as well.
* The submission of the application implies acceptance of the terms and regulations of the Library.

Date:

Signature: