

CENTRAL LIBRARY
All India Institute of Medical Sciences, Patna

APPLICATION FOR CENTRAL LIBRARY MEMBERSHIP AND DATABASE USES

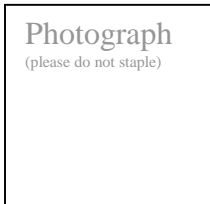
I request you to enroll me as a member of the Central Library, and Online Database user, AIIMS Patna. I undertake to abide by the library and Internet uses rules as applicable from time to time.

Last Name: _____ First Name: _____

(Please fill in all block in capitals)

Father's Name: _____

Address: _____



DoB: DD / MM / YYYY Date of Joining / Admission : DD / MM / YYYY

Contact number: _____ Email: _____

Please indicate the category below that best describes your category

Faculty Member	SR/JR	PhD / MD / MS / MCh / DM / MDS / MSc / Fellowship	UG (MBBS / BSc.)	Certificate / Diploma	Others
Designation:					
Department:					

Duration of membership: From DD / MM / YYYY to DD / MM / YYYY

Do you have a disability or specific need which means you require extra assistance in the Library / Computer Room? Yes/No :

The personal information that you give on this form will be used to administer your Central Library and Online Database User account. The account may be withdrawn if any outstanding charges have not been paid or violation of any Central Library rules or misuse of Database.

I agree to abide by the Central Library / Database users regulations.

Date: Signature of applicant

Recommended by (Head of Department)

(For Library use only)

Details are verified by

Sr. Librarian

Borrower's Library Card No		Borrower's Library Card /Overdue deposited on	
Category			
Term Expires			
Remotexs ID		ID Deleted On	
UpToDate		ID Deleted On	
		No dues issued on	
Signature & Date (Library membership card / and Database IDs received)		Remarks, if any:	
		Sign	

No Dues Certificate received by (Signature & Date):

Sr. Librarian