



# ALL INDIA INSTITUTE OF MEDICAL SCIENCES

## MANGALAGIRI, ANDHRA PRADESH

### CENTRAL LIBRARY

#### APPLICATION FOR CENTRAL LIBRARY MEMBERSHIP DATABASE USE

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(Please fill in all block in capitals)

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Date of Joining/Admission: \_\_\_\_\_  
(DD/MM/YYYY) (DD/MM/YYYY)

Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

Photograph  
(Please do not staple)

#### **Please indicate the category below that best describes your category**

SR (Department)	JR (Department)	PhD / MD / MS / MCh / DM / MDS / MSc / MSc Nursing/ Fellowship/ (Specialty)	UG (MBBS)	UG (B.Sc. Nursing)	Others

Duration of membership: From \_\_\_\_\_ to \_\_\_\_\_  
(DD/MM/YYYY) (DD/MM/YYYY)

Do you have disability or specific need which means you require extra assistance in the Library / Computer / Printing and Photocopy? 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 The account may be withdrawn if any outstanding charges have not been paid or violation of any Central Library rules or misuse of Database.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 the applicant:**



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## Forwarding Authority

1. I undersigned Recommended and certified that ..... his/her appointment letter no./Admission/Registration No. .... be enrolled as a member of the Central Library, AIIMS, Mangalagiri.
2. I/ This Institute/ Department undertakes accept responsibility for due return of such Library documents as are issued to him/her and shall pay the price of document(s)/damaged by him/her in case he/she fails to do so.
3. The information and photograph furnished by him/her as above has been verified by my office.
4. That on the expiry of his/her accreditation or association with this Institute/ Department will not make any final payment due to his/her without obtaining a NO DUE CERTIFICATE from Central Library, AIIMS, Mangalagiri.

**Recommended by HOD**

**Recommended by Dean (Academic)**

(For Library use only)

**Details are verified by**

**Sr. Librarian**

Borrower's Library Card No.		Borrower's Library Card / Overdue deposited on	
Terms Expires		Expiry Date (add in Koha)	
Remotexs ID		ID Deleted On	
		No dues issued on	
Signature & Date (Library membership card / and Database IDs received)		Remarks, if any:	
		Sign (Librarian – I/II/III)	

No Dues certificate received by (Signature & Date):

**Faculty Incharge,  
Central Library.**