



APPLICATION FORM FOR ACCESS TO E-RESOURCES

NAME:.....LIBRARY ID.....

ENROLLMENT NO:.....ACADEMIC YEAR.....CLASS.....

DESIGNATION

ADDRESS:.....

.....

DEPARTMENT/COLLEGE:.....

CONTACT NO:.....E-Mail :.....

USER CATEGORY:

- | | | | | |
|---------|------------------|--------|-----------------------|----------|
| STUDENT | 1. UG | 2 P.G. | 2.M.PHIL | .3. PH.D |
| STAFF: | 1.TEACHING STAFF | | 2 NON-TEACHING STAFF. | |

SIGNATURE

Office Use Only

User Id Generated Yes/No

User ID.....

Password.....

Librarian