



Dr. B.B. DIKSHIT LIBRARY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI - 110029

MEMBERSHIP FORM

(For Faculty Members)

Name.....
(In Capital Letters)
 Department.....
 Designation

Affix Latest
 passport size
 Colour
 Photograph

Registration Number

Date of Birth Blood Group.....

Date of Joining

Present Address

..... Pin Code.....

Permanent Address

..... Pin Code.....

E-MAIL

Phone No.....(R)..... (M)

To the Chief Librarian, Dr. B.B. Dikshit Library, AIIMS New Delhi-110029

I undersigned recommend that
 be allowed to borrow books from the Dr. B.B. Dikshit Library, AIIMS New Delhi and accept
 responsibility for the return of such books as are issued to him/her. The information
 furnished by him/her has been verified by my office.

Approved by Head of the Department
(Name, Designation and Official Seal)

Signature of Applicant

FOR LIBRARY USE ONLY

The Applicant is registered as a member of Dr. B.B. Dikshit Library, AIIMS New Delhi with
Library Member No. **Valid Upto**

For Wi-Fi Connection (Within Library)

Model No. Of Laptop/Mobile/I-Pad

MAC Address of the wireless Card

Serial No. of Laptop

I state that the above particulars are true and undertake to use the Wifi connectivity academic and research purpose only, I will not temper with the network settings and related connection. I understand any violation in this regard is a punishable under IT act of Govt. of India.

Please not applicants can register **only one device**. Any violation of registering more than one device, would result in automatic closing the accessibility.

**Approved by Head of the Department
(Name, Designation and Official Seal)**

Signature of Applicant

FOR LIBRARY USE ONLY

Registration No.

Registration Date:/...../.....

Valid Upto:/...../.....

Status:

Activated by

Verified by

D.E.O (Gd-A)

Librarian (Gd-I)

Date

Approved by Chief Librarian