

**Central Library**  
**All India Institute Of Medical Sciences, Rishikesh-249201**



**Application Form for MyLOFT (Access To e-Resources)**

(To be filled in Capital Letters)

Name:.....Father's Name:.....

Enrolment no./Employee Code:.....Date of Joining:.....

Department Name:.....

Contact No:..... Email ID (In Capital Letters):.....

User Category: (Please make it Tick ✓ )

- |            |                                     |                                   |
|------------|-------------------------------------|-----------------------------------|
| 1. Faculty | 2. Tutor/Demonstrator               | 3. SR (Academic) (Non-Academic)   |
| 4. JR      | 5. P. hD                            | 6. PG (Academic) (Non-Academic)   |
| 7. MBBS    | 8. M.Sc. Nursing                    | 9. B. Sc. (Nursing) (Paramedical) |
| 10. Staff  | 11. If "other", please specify..... |                                   |

Date: .....

(Signature of the Applicant)

**(Note: Please submit this from in the library with 01 passport size photograph and copy of Institutional ID. Incomplete forms will not be accepted)**

**For Library use only:**

Documents Verified By (Librarian): .....

Date: .....

(Sr. Librarian, AIIMS, Rishikesh)