

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

KOHA Patron Registration Form

(To be filled in Capital Letters)

First Name: _____ **Last Name:** _____

Enrolment no./Employee Code: _____ **Batch/Date of Joining:** _____

Father's Name: _____ **Current Address:** _____

_____ **PIN:** _____

Contact No:- _____

Email ID: - _____

(In Capital Letters)

User Category:- (Please Specify)

Course Details:-

Date: _____

(Signature of the Applicant)

For Library use only:-

Date: _____

Documents Verified By: _____

(Librarian)