

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

Coloured
Photograph

Application Form for RemoteXs Access To e-Resources

(To be filled in Capital Letters)

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

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

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

_____ **PIN :**_____

Contact No:_____

Email ID:_____

(In Capital Letters)

User Category: (Please make it Bold and Underline)

- | | | | | |
|--------------------------------------|--------------------------------|---------|-----------------------|-----------|
| 1. Faculty | 2. SR(Academic & Non-Academic) | 3. JR | 4. P.hd | 5. PG |
| 6. MBBS | 7. M.Sc. Nursing | 8. B.Sc | 9. Tutor/Demonstrator | 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. Incomplete forms will not be accepted)

For Library use only:

Documents Verified By:_____

(Sr. Librarian, AIIMS, Rishikesh)

Date:_____