

- i. To be signed by the officer authorized to forward this application and whose Specimen signatures have been forwarded to the National Medical Library, New Delhi.
- ii. Application will be cancelled if the applicant fails to collect this Borrower's Card within one Month of the above date and Borrower's Cards are issued during 10.00 AM to 5.00 PM on week days (Monday-Friday).
- iii. Non-Faculty Members are required to submit the self attested copy of his/her MCI / DCI / INC, etc. registration certificate and identity Card.

**APPLICATION FORM FOR MEMBERSHIP OF NML for officials of Dte.GHS and MoHFW**

To  
 The Director  
 National Medical Library, Dte.GHS, Ansari Nagar, Ring Road, New Delhi - 110029

Sir/Madam,

I may kindly be enrolled as a member of the National Medical Library; I have read the rules and regulations applicable in this behalf and agree to abide myself with them. I authorize .....to controlling authority to deduct from my salary towards the cost of publication/s of the library damaged by me and also not makes any payment due to me on the termination of my connection with said office without obtaining "NO DEMAND CERTIFICATE" from the National Medical Library.

Name..... Designation  
 .....  
 Date of Joining ..... Date of Retirement/Completion of  
 Tenure.....  
 Official Address ..... Pin  
 .....  
 Residential Address ..... Pin  
 .....  
 Email Id.....(Mobile No.).....Membership No. (NML use  
 only).....

I would like to avail remote access facility of available online/digital resources of NML. I hereby undertake that I will be abiding the terms and conditions of using remote access of available online digital resources of NML. I also ensure that I will not circulate/disclosed the user ID or password to any one and avoid the bulk copying, systematic downloading or use of such electronic materials for commercial purposes and other such usages which are in violation to Intellectual Property Right (IPR) rules or other relevant rules and regulations of the country. In case, violation of rules & regulation in this regard, NML will be free to take appropriate action against me as per the rules

Date and Signature

File No. ....

The above particulars filled by the applicant are correct. He/She may be enrolled as a member of the National Medical Library. This office undertakes the responsibility of recovering over dues/lost/damaged publications from his/her resignation/transfer/ discontinuation, he/she will not be relieved without obtaining "NO DEMAND CERTIFICATE" from the National Medical Library and no final payment will be made to him/her unless this clearance is obtained. Certified that a copy of this application has been kept in the service record of the applicant maintained in this office.

Date ..... Signature .  
 .....  
 (Name in Block Letters  
 With Official Stamp of concerned Admin/Estt.)

Rules and Regulation's : -

1. Only one borrower card will be issued to a member.