

Application for joining NML-ERMED Consortium

I. GENERAL INFORMATION

1. Name of the institution:

2. Complete Address:

2.1 Telephone:

2.2 Fax:

2.3 E-mail:

2.4 Web Site:

3. **Courses offered and annual intake of students/research scholars:**

Undergraduate level:

Post graduate level:

Research level (Super specialization):

Any other:

4. **Research conducted by Medical College/Institution in Specialize subject of Medicine as:**

4.1

4.2

4.3

4.4

4.5

II INTERNET INFRASTRUCTURE

1. **Does your institute have a Campus LAN? Yes/No**

2. **Spread of Campus LAN: How spread out is your Campus LAN? (Please √)**

2.1 Restricted to Computer Centre

2.2 Restricted to Computer Centre and Library

2.3 All Departments/ Centres/Labs.

3. **Whether your library is a part of your Campus Network? Yes/No**

4. **Is your Campus Network and Library Network is connected to INTERNET? Yes/No**

5. **INTERNET connection speed&Static IPs Numbers:** Maximum up to six

5.1

5.2

5.3

5.4

5.5

5.6

6. **Type of INTERNET connection? (Please √)**

6.1 Dial-up

6.2 Leased Line

6.3 V-SAT

6.4 Radio Link

6.5 DSL

6.6

Any other

7. **Bandwidth of the Institute/Library Network:**

8. **Number of PCs having Internet connection:**
8.1 In the Library:
8.2 In the Computer Centre:
8.3 Total number of Internet-enabled PCs in the Institute:

9. **Does your Institute have a Website? Yes/No**

If answer to Question 9 is yes, please answer the following questions:

- 9.1 Is your library represented on the Institute" Website? Yes/No

10. **Are you a member of any online journal Consortium in the field of medicine?**

If answer to Question 10 is yes, please answer the following questions:

- 10.1 Name of the Consortium?
10.2 Expenditure incurred per annum?
10.3 No. of online journals accessible to your library?

11. **Contact address of two persons:**

- 11.1 **Director/Principal:**

Name:
Address:

E-mail:
Phone:

- 11.2 **Librarian/Information Officer:**

Name:
Address:

E-mail:
Phone:

III. DECLARATION

I hereby commit to follow all rules and regulations stipulated by the NML-ERMED Consortium members. If required, I will sign the agreement and MOU of all the publishers of electronic journals subscribed by the NML-ERMED Consortium.

(Signature of the Head of the Institution)

Name & Address:

Official Seal:

Please send your application form to:

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