

**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.
2. Books may be retained for a period not exceeding 14 days by members.
3. Books may be renewed on request at the discretion of the Librarian.
4. Dog-eared the papers of a book, making or writing therein with ink or pencil, tearing or taking out its pages or otherwise damaging it, will constitute an injury to a book.
5. Any such injury to a book is a serious offence: Unless a borrower points out the injury at the time of borrowing the book or pays its price.
6. A sum of Rupees five will be charged for the loss of this card.
7. Library will not be responsible for misuse of this card.

Note:-

- i. To be signed by the officer of the concerned controlling Division/Office and forward this application 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. Members are required to submit the self attested copy of his/her official identity Card.