

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-earing 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.

APPLICATION FORM FOR PRIVATE MEMBERSHIP

To

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

Sir/Madam,

I wish to become borrowing member of the National Medical Library. My particulars are given below. I have read the rules and regulations applicable in this behalf and agree to abide myself with them. I am enclosing herewith a ***Demand Draft of Rs. 7000/- (Rs. Seven Thousand only) in favour of DGHS payable at New Delhi bearing No.***
Dated

1. Name in Block Letters :
2. Professional Qualifications:
3. Registration No. (MCI/DCI/INC,etc) :
4. Address: i) Residential:
ii) Clinic/Hospital/collage :
5. Cont details: Mobile No & E-mail :

I authorize the National Medical Library to deduct the cost of the book lost or damaged by me. I also undertake to pay the excess amount if the cost of publication lost or damaged by me is more than the security deposit. Any change in my residential address will be communicated to the National Medical Library immediately. ***Photocopy of my council Registration / College ID and Voter Identity Card/Ration Card/Bank Account are enclosed.***

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