



अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

केन्द्रीय पुस्तकालय / Central Library



Library Membership Form Faculty/Staff/Students

PHOTO

Name in Full Dr./Mr./Mrs./Miss: _____

Designation: _____

Department: _____

Present Address: _____

Telephone No: (O) _____ (Mobile) _____

Email ID: _____

Signature of the Applicant

Recommended By HOD/ In-charge:

(Approved/ Not Approved)

In-charge (Library Committee)
Name & Sign.

*** Following documents should be attached with Application Form.**

1. Copy of AIIMS Nagpur ID Card.
2. Copy of address proof **OR** Aadhar Card.

For Office Use Only

Date of Receipt of Application: _____

Membership ID: _____

Librarian
Name & Sign.