NORTH-EASTERN HILL UNIVERSITY CENTRAL LIBRARY
P.O. NEHU CAMPUS, SHILLONG-793 022

FORM FOR CITATION VERIFICATION SERVICE

1. Name: **Prof./Dr./Mr./Ms** _____

2. NEHU Library Registration Number: _____ *Valid Upto: _____
(*Applicable to Students/Research Scholars)

3. Department/Institution: _____

4. Address for Correspondence: _____

_____

5. Contact Number: _____ Fax _____ E-mail _____

6. Preferred Mode of Report Delivery: i) Print (on payment) ii) Personal Floppy/CD iii) E-Mail Attachment iv) Fax/Courier/Speed Post

I hereby certify that the service being requested is for purely academic purpose. I also understand that, subject to first-come first-served basis, a period of upto one week may be required for provision of the service.

Place: _____
Date: ____/____/_____ **Signature**

(SUBMIT THIS FORM TO THE DOCUMENTATION OFFICER, NEHU CENTRAL LIBRARY, P.O. NEHU CAMPUS, SHILLONG-793022)

ITEMS FOR VERIFICATION*

Sl. No.	Author's/Editor's Name/Surname (If Known)	Title of Article or Source Publication (If Known)	Any Other Relevant Information (Cited by/Cited in/Keywords/Year)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

*Please use additional sheets for more items.

N.B.: While every effort will be made to provide accurate and complete citations, the NEHU Library must not be held responsible for inadvertent errors that may occur due to data format incompatibility or process of data conversion/transfer.