

NORTH-EASTERN HILL UNIVERSITY CENTRAL LIBRARY
P.O. NEHU Campus, Shillong 793 022
APPLICATION FORM FOR CONSULTATION FACILITIES

To:

The University Librarian,
North-Eastern Hill University,
P.O. NEHU Campus,
Shillong-793022.

Madam,

I would like to use the NEHU Central Library and I shall be most grateful if permission for consultation is granted to me. My particulars are given below:

1. Name: _____
2. Qualifications: _____ Occupation: _____
3. Subject of Study and Purpose: _____

4. Present Address: _____

5. Contact No(s) _____ E-Mail: _____
6. Introduced by: Name _____
Designation: _____ Department: _____
NEHU Lib. Regtn. No. _____ Contact No. _____
Signature of Introducer _____ Date _____
7. Period required from _____ to _____

I undertake to abide by the Rules and Regulations of the NEHU Library.

Signature of Applicant

Date:

Allowed/Regretted

Assistant Librarian (Circulation)

