

DECLARATION OF BANK ACCOUNT NO. FOR SALARY

To,
The Dean
All India Institute of Medical Sciences, Patna
Phulwarisharif, Patna, Bihar - 801 507

Sir,

Please deposit my stipend and allowance as per the following provided here under.

Name: -----

Post: -----

Department: -----

Date of Admission: -----

Bank Name with Branch: -----

Account No: -----

IFSC Code : -----

PAN Card No: -----

Aadhar No: -----

E-mail ID (In Block): -----

Mobile No: -----

Signature:

Date:

Submit in Dean Office

CENTRAL LIBRARY
All India Institute of Medical Sciences, Patna

APPLICATION FOR CENTRAL LIBRARY MEMBERSHIP AND DATABASE USES

I request you to enroll me as a member of the Central Library, and Online Database user, AIIMS Patna. I undertake to abide by the library and Online database uses rules as applicable from time to time.

Last Name: _____ First Name: _____

(Please fill in all block in capitals)

Father's Name: _____

Address: _____

DoB: DD / MM / YYYY Date of Joining / Admission : DD / MM / YYYY

Contact number: _____ Email: _____



Please indicate the category below that best describes your category

SR (Department)	JR (Department)	PhD / MD / MS / MCh / DM / MDS / MSc/ Fellowship (Department)	UG (MBBS)	UG (B.Sc. Nursing)	Others

Duration of membership: From DD / MM / YYYY to DD / MM / YYYY

Do you have a disability or specific need which means you require extra assistance in the Library / Computer/Printing and Photocopy? Yes/No :

The personal information that you give on this form will be used to administer your Central Library and Online Database User account. The account may be withdrawn if any outstanding charges have not been paid or violation of any Central Library rules or misuse of Database.

I agree to abide by the Central Library / Database users regulations.

Date: Signature of applicant

Forwarding Authority

1. I undersigned Recommend and certified that his/her appointment letter no /Admission/Registration No be enrolled as a member of the Central Library, AIIMS Patna.
2. I/ This Institute/ Department undertakes accept responsibility for due return of such library documents as are issued to him/her and shall pay the price of document(s)/damaged by him/her in case he/she fails to do so.
3. The information and photograph furnished by him/her as above has been verified by my office.
4. That on the expiry of his/her accreditation or association with this Institution/ Department will not make any final payment due to his/her without obtaining a NO DUES CERTIFICATE from Central Library, AIIMS Patna.

Date:/...../.....

Recommended by (Dean/Head of Department)

(For Library use only)

Details are verified by

Sr. Librarian

Borrower's Library Card No		Borrower's Library Card /Overdue deposited on	
Term Expires		Expiry date (add in Koha)	
Remotex ID		ID Deleted On	
		No dues issued on	
Signature & Date (Library membership card / and Database IDs received)		Remarks, if any:	
		Sign (Librarian -I/II/III)	

No Dues Certificate received by (Signature & Date):

Sr. Librarian