CWDS Library

User's Form

(Valid for Six Months)

IN CAPS

Name : _____ _____ _____

(Surname) (First Name) (Middle Name)

Gender: : Male ☐ Female ☐

Designation : _____

Address (Off./ Inst./ Res.) _____

_____

_____State:_____

City:_____Country:_____

Phone/ Mobile:_____

Email: _____Website: _____

Academic/ Faculty College ☐ University ☐ Research Institution ☐	**Media** Print ☐ Electronic ☐ Film Making ☐	**Student** School ☐ Under Graduate ☐ Post Graduate ☐ M.Phil. ☐ Ph.D. Scholar ☐
Activist ☐	**Independent Researcher/ Free Lancer** ☐	**Government Official** ☐
NGO ☐	**Others** (please specify)	

Name of University/ Institution: _____

Course/ Degree (if applicable):_____**Subject**: _____

Topic of Interest: _____

_____

The purpose for which you are consulting the Library?

Course Work ☐ Thesis/ Dissertation ☐ Report/ Project Work/ Proposal Writing ☐

Journal Article ☐ Conference ☐ Others(pl. specify)_____

Please give details:_____

From where you get: _____
reference for CWDS Library

Approximate period for using the Library:

1 Day ☐ 1 Week ☐ 15 Days ☐

1 Month ☐ 2 Months ☐ 6 Months ☐

Date:_____

(User' Signature) ***(Librarian's Signature)***