

CONSULTATION FORM

**CEANTRAL LIBRARY
NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES
Mawdiangdiang, Shillong – 793018**

To,
The Librarian

I would like to use the NEIGRIHMS 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:
3. Occupation:
4. Subject of Study and Purpose:
.....
5. Present Address:
.....
6. Contact No(s): E-mail:
7. Period required from: to:

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

Signature of Applicant:

Date:

For office use only:

Allowed/Regretted

Librarian

****Consultation Fee: Rs. 200.00 (Rupees Two Hundred Only)***