

National Institute of Epidemiology (ICMR)

Ayapakkam, Chennai – 77

Library

Application to use library facility*

Type of users

Name(s) :

Project

Designation (if appl.) :

Ph.D

Contact No. :

Student

Project title (if appl.) :

Internship

Duration of appointment/studentship/
Internship : _____ / _____

to _____ / _____
MM YY MM YY

Name of the Principal Investigator/Guide :

Approval to avail the library facility : Yes / No

*Signature of the Principal Investigator/Guide :

* Library facility - Books, journals only for reference purpose / Internet facility

* Principal investigator / guide is responsible for loss or damage to the library materials

* Books / journals to be borrowed only in the name of P.I / Guide