

INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES

Application for Remote Access

1. **Name of Scholar / Student** : **First Name** _____
Last Name _____
Course/Department _____
2. **Date of Birth** : _____
3. **Address** : **Present -** _____

Permanent - _____

4. **Email ID -(Personal/Office)** : _____

5. **Mobile No.** : _____
6. **Enrolment / Employee No.** : _____
7. **Receipt No. (Library Deposit)** : _____

TERMS & CONDITIONS :

I, as an authorised library user bound to follow the rules and regulations set by the publisher/database provider/IIPS.

In case, if anything observed harmful to the institute as a service provider the remote access service will be discontinued with immediate effect.

The user will be solely responsible for misuse of the online/digital product. The Penalty, action, punishment should bear by the applicant and not by the institute.

Signature

Library Clerk

Asst. Lib. & Infr. Officer