Central Library Main Campus, Shalimar, Srinagar-190025
Phone No: 01942463559
Email: librarian@skuastkashmir.ac.in

REMOTE ACCESS TO E-RESOURCES
REGISTRATION FORM

I am a Registered Member of the Library System of Sher-e-Kashmir University of Agricultural Sciences and Technology of Kashmir and I wish to avail the facility of Remote Access to E-Resources subscribed by the System.

Library Membership Number:_____

Name: First Name_____Middle Name _____Last Name_____

Gender_____

Department /Division_____

Course /Designation_____

E-mail ID:_____

Residential Address: _____
_____

Contact No(s)._____

Date of birth (dd/mm/yyyy):_____

Registration Date (as printed on Library Membership Card):_____

Security Question: Your favorite author? _____

Note:

- ✓ All the above fields are mandatory.
- ✓ The form duly filled is to be deposited at Circulation Desk of the Library.
- ✓ The Account will be activated within 3-4 days after acceptance of the submitted form.
- ✓ The User ID and Password will be provided by the library system.
- ✓ Exchange of User ID and Password is strictly prohibited. The users found guilty of exchanging the same will be barred from availing the facility.

Dated_____ **(Signature of Applicant)**

For office use only

Verified that the applicant is registered member of the SKUAST-K, Library System and may be allowed to avail the facility.	**Allowed**

Signature of
(Incharge Circulation)

UN:
PW:

(University Librarian)