



**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND
RESEARCH (NIPER) SAS NAGAR**

NIPER LIBRARY AND INFORMATION CENTRE (NIPERLINC)

Individual Membership Form

Name: _____

Address & Phone No.: _____

E-mail: _____

Category: Student/Faculty/Scientist (Please tick as applicable)

Name & Address of Institution: _____

Fee Details:

1. Students: Rs.2000/- per annum OR Rs.250/- per month

2. Faculty/Scientist: Rs.5000/- per annum OR Rs.500/- per month

Payment should be made by demand draft/cheque in favor of Director, NIPER, SAS Nagar payable at Mohali and send to Library In-charge, NIPER, Sector 67, SAS Nagar- 160062, Punjab INDIA.

Facilities:

1. Consultation

2. Photocopy of Print resources

Declaration:

We agree to abide by the rules of the library:

Signature & date _____

Demand Draft No.: _____ Bank _____

Date _____ Amount _____