



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

NIPER LIBRARY AND INFORMATION CENTRE (NIPERLINC)

Institutional Membership Form

Name & Address of Institution: _____

Phone No.: _____ *E-mail:* _____

Head of the Institution: _____

Name of Librarian: _____ *Contact No.:* _____ *Email:* _____

Fee Details:

Rs.10,000/- per annum

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:

- i) Photocopy of Print resources,
- ii) Current awareness service

Declaration:

We agree to abide by the rules of the library:

Signature & date _____

Demand Draft No.: _____ *Bank* _____

Date _____ *Amount* _____