



**Library, Documentation and Information Science Division**  
**Indian Statistical Institute**  
**203 B T Road, Kolkata-700108**

## Library Consultation Form

**Instructions:** Please complete this form with all required information. Submit the form, with signatures, together with a valid government or university photo ID to the Library Desk in the ISI Kolkata Library. Request will NOT be processed if any of the information below is not provided. Personal data held by the Library will be kept confidential. It may only be supplied to appropriate parties that provide services to the Library upon the approval of the Chief Librarian. Library consultation is available from 10AM-8.30 PM only.

|  |                 |
|--|-----------------|
| Last Name:   | First Name:     |
| Contact No.:   | Email:          |
| Photo ID Type (ex. Student ID or Voter's card etc.): | ID Number:      |
| College/University/Institute's Name:                 |                 |
| Supervisor's Name (If any):                          | Contact Number: |

### Declaration

By signing, I agree to use the library resources responsibly, take full responsibility for any damage or loss of library material(s), pay for the damage as per the rules of the ISI Kolkata Library and to abide by the ISI Kolkata Library E-Resource Usage Policy available on the Institute Library's WEB PAGE: <https://www.isical.ac.in/~library/Usage%20Policy-isi.pdf>

Place

Signature

Date

### Library Authorization

| Select one | User Type                               | Renewal Period | Maximum Duration | Authorizer |
|------------|---|----------------|------------------|------------|
| -          | Student<br>(undergraduate/postgraduate) |                |                  |            |
| -          | Guest                                   |                |                  |            |
| -          | Visiting Scholar                        |                |                  |            |
| -          | Researcher                              | 2Weeks         | 4Weeks           | Librarian  |
|            |   |                |                  |            |

*FOR ISI KOLKATA LIBRARY USE ONLY*

*"I confirm that I have checked identity by viewing the college/university/state issued photo ID of the applicant."*

|  |                      |              |
|--|----------------------|--------------|
| <i>Temporary Library Membership No.:</i> | <i>Processed by:</i> | <i>Date:</i> |
| <i>Start Date:</i>                       | <i>End Date:</i>     |              |

*Temporary library consultation is approved*

*Signature of the Chief Librarian/Deputy Librarian*

**Renewal**

|                            |  |              |
|----------------------------|--|--------------|
| <i>Renewing Staff Name</i> | <i>Signature of the Chief Librarian/Deputy Librarian</i> | <i>Date:</i> |
|----------------------------|--|--------------|