## ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE

LIBRARY AND INFORMATION CENTRE

## EndNote Application Form

|  |  |  |
| --- | --- | --- |
| 1. | Name | Permanent/ Contract |
| 2. | Designation |
| 3. | Department |
| 4. | Nature of appointment (*in case of faculty/staff*) : |
| 5. | Term of service |
| 6. | E-Mail Id |
| 7. | Phone Number (*Intercom& Mobile*) |
| 8. | Address for communication |  |
| *Note: The faculty/staff /JRFs are entitled to use the EndNote software (the licensed version issued/installed by the Library & Information Centre) only while they are part of the Institute. They do not own the license and will be required to remove the software from the computer immediately upon any event which causes them to no longer be a faculty/staff/JRF of the Institute.*  **Declaration**  I have read the above note and agree to abide by the terms and conditions mentioned in it.  Date: Signature of the Applicant | | |

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Approved/Not Approved

Director

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**For office use only**

Date of receipt of filled in form: No.SH/LIC/EIS/EnN…../2014-15

**Desktop Installation**

Department: Location/ Room No.:

Sl. No. of System Unit: MAC Address:

Date of Installation& Signature of the staff:

**Re-installation Details**

Date of Uninstallation & Signature of the staff:

**Uninstallation Details**

Date of Uninstallation & Signature of the staff:

Staff in Charge Library and Information Officer