



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

NIPER LIBRARY AND INFORMATION CENTRE (NIPERLINC)

Corporate Membership Form

Name & Address of Organization: _____

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

Head of the Organization: _____

Contact Person (HR): _____ **Mobile:** _____

Fee Details:

Rs.25,000/- 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/cheque No.: _____ **Bank** _____

Date _____ **Amount** _____