**UGC Digital Library Membership Application Form**

We hereby acknowledge that we agree to sign and return to you the Membership Application Form of UDL

**I. General Information**

Name of the Institution: ………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………………………………….

Telephone: ……………………………………………………………………………… Email: .………………………………………………………

Fax: ……………………………………………………….. Website: …………………………………………………………………………………..

**II. Application for the type of Membership:** **[ ]** Associate Membership

**III. Key contact person:**

Name: …………………………………………………………………………………………………………………………………………………..............

Designation: ……………………………………………………………………………………………………………………………………………………..

Telephone (Off): ……………………………………………………………… Mobile: ..…………………………………………………...............

Primary email: ………………………………………………………………… Secondary email: ..………………………………………………….

**III. Technical contact person:**

Name: …………………………………………………………………………………………………………………………………………………..............

Designation: ……………………………………………………………………………………………………………………………………………………..

Telephone (Off): ……………………………………………………………… Mobile: ..…………………………………………………...............

Primary email: ………………………………………………………………… Secondary email: ..………………………………………………….

**III. Intranet and internet infrastructure**

Do you have an institutional network? [ ]  Yes [ ]  No

Whether your library is part of your institutional network? [ ]  Yes [ ]  No

Is your institutional network/library network connected to internet? [ ]  Yes [ ]  No

Does your institution have static IP address? [ ]  Yes [ ]  No

Internet connection speed: …………………………………………………………………………………………………………………

Type of Internet connection: ……………………………………………………………………………………………………………….

Total Bandwidth of the Institute network: .....……………………………………………………………………..

***The current IP addresses used by us for Internet access: ……………….……………………………………………………***

Authorized signatory