

Application for joining ERMED-India Consortium

I. GENERAL INFORMATION

1. Name of the institution:

2. Complete Address:

2.1 Telephone:

2.2 Fax:

2.3 E-mail:

2.4 Web Site:

3. Courses offered and annual intake of students/research scholars:

Undergraduate level:

Post graduate level:

Research level (Super specialization):

Any other:

4. Research conducted by Medical College/Institution in Specialize subject of Medicine as:

4.1

4.2

4.3

4.4

4.5

II INTERNET INFRASTRUCTURE

1. Does your institute have a Campus LAN? Yes/No

2. Spread of Campus LAN: How spread out is your Campus LAN? (Please /)

2.1 Restricted to Computer Centre

2.2 Restricted to Computer Centre and Library

2.3 All Departments/ Centres/Labs.

3. Whether your library is a part of your Campus Network? Yes/No

4. Is your Campus Network and Library Network is connected to INTERNET? Yes/No

5. INTERNET connection speed:

6. Type of INTERNET connection? (Please /)

6.1 Dial-up

6.2 Leased Line

6.3 V-SAT

6.4 Radio Link

6.5 DSL

6.6 Any other

7. Bandwidth of the Institute/Library Network:

8. Number of PCs having Internet connection:
8.1 In the Library:
8.2 In the Computer Centre:
8.3 Total number of Internet-enabled PCs in the Institute:
9. Does your Institute have a Website? Yes/No
- If answer to Question 9 is yes, please answer the following questions:
- 9.1 Is your library represented on the Institute” Website? Yes/No
10. Are you a member of any online journal Consortium in the field of medicine.
- If answer to Question 10 is yes, please answer the following questions:
- 10.1 Name of the Consortium?
10.2 Expenditure incurred per annum?
10.3 No. of online journals accessible to your library?
11. Contact address of two persons:
- 11.1 Director/Principal:
- Name:
Address:

E-mail:
Phone:
- 11.2 Librarian/Information Officer:
- Name:
Address:

E-mail:
Phone:

III. DECLARATION

I hereby commit to follow all rules and regulations stipulated by the ERMED-India Consortium members. Enclosed please find the payment for membership fee by Demand Draft No. dated for Rs. in favour of the DGHS payable at New Delhi. I will sign the agreement and MOU of all the publishers of electronic journals subscribed by the ERMED-India Consortium.

(Signature of the Head of the Institution)

Name & Address:

Official Seal: