

**Dr. B. R. AMBEDKAR CENTRAL LIBRARY  
JAWAHARLAL NEHRU UNIVERSITY  
(Readers Services)**

No. \_\_\_\_\_  
Date \_\_\_\_\_

**Application for consultation facilities**

**Name** \_\_\_\_\_

**Permanent Address** \_\_\_\_\_  
\_\_\_\_\_

**Topic of Research** \_\_\_\_\_  
\_\_\_\_\_

**Period of consultation** \_\_\_\_\_

**Whether photocopy facilities  
Required** **Yes/No**

**Signature of Applicant**

**Recommended**

**Signature** \_\_\_\_\_  
**(For Official Use)**

**1. Permitted**

**2. Certificate issued**