To, The Librarian, CBIT-Hyderabad-75



LIBRARY & INFORMATION CENTRE CBIT, GANDIPET Hyderabad- 500 075

Dear Sir,		Date:
Subject: Application for Rem	ote Access to Library Resources	
I am writing to request remote accemember of Department ofand other digital resources to suppo	, I requii	
Details of Access Requirement:		
Purpose: [Briefly describe the real any other Pl. Specify	ason for requesting access) Resear	-
Duration: Indicate how long you	need access,: Period from	to
Undertaking for E-Resource Access	Policy:	
personal educational purpose 2. Confidentiality : I will not sha		ely for academic, research, or ercial gain. de access to any third party.
 privileges. 3. Copyright Compliance: I will reproduce e-resources in any and copyright regulations. 4. Usage Limits: I will respect an excessive downloading that or excessive downloading the excessive downloading that or excessive downloading the excessive downloading the excessive downloading that or excessive downloading the excessiv	I adhere to copyright laws and way form beyond what is permitted units imposed by the e-recould breach their terms of service ptly report any unauthorized acces	vill not download, distribute, or under the library's access policy esource providers and will avoic
I fully understand that any violation not limited to the revocation of my a		disciplinary action, including but
I kindly request you to grant me rer adherence to the e-resource access	·	· · · · · · · · · · · · · · · · · · ·
Thank you for your consideration. Best Regards,		
Signature;		
Designation / Department:		
Roll Number / Employee ID (if applic	able) :	

Contact Info. : CBIT-Email: ______ Mobile # : _____