

Indraprastha College for Women
University of Delhi
Museum and Archives Learning Resource Centre

Registration Form

Name:

Institution/Department:

Student/Research Scholar/Visitor:

Address:

Contact Number:

Email:

Purpose of visit:

Topic of Research:

Documents required to be attached with the Registration Form

Abstract of Research Proposal

Letter of Introduction from the affiliated Institution/Department

Permission from the Principal of the College

Undertaking on Rules of Usages

Signature:

Date: