



National Law University of Meghalaya

On-Demand Research Tool Access Request Form

1. Applicant Details

- **Name of Applicant:**

- **Designation:**

- **Institutional Email ID:**

- **Mobile Number:**

2. Category of Applicant

(Please tick ✓ the appropriate category)

Category	Select
Faculty Member	[]
Research Scholar / Project Researcher	[]
Student (UG / PG / PhD)	[]
Administrative Staff	[]
Other Members of NLUMeg	[]

3. Select The Research Tool(s) Required

- **Grammarly:** []
- **Listening IO:** []
- **Logically App:** []
- **IndiaStats.Com:** []
- **Connected Papers:** []
- **MyLoft:** []
- **Other (Please Specify):** _____

4. Purpose of Request

(Please describe the specific academic, research, or institutional purpose justifying the need for on-demand access, in line with the policy)

5. Duration of Required Access

(Please indicate the expected time period for access, maximum initial period is 30 days as per policy)

- **From:** ____ / ____ / ____
- **To:** ____ / ____ / ____
- **Total Duration (Days/Weeks):** _____

6. Declaration by Applicant

I hereby declare that the access requested will be used strictly for **academic, research, or official purposes** in compliance with the **NLUMeg On-Demand Access to Library-Subscribed Research Tools Policy, 2025**. I agree not to share access credentials or data with unauthorized persons, nor engage in systematic downloading or misuse of the resource. I understand that failure to comply will lead to the immediate revocation of my access privileges and potential disciplinary action.

Signature of Applicant: _____

Date: ____ / ____ / ____



7. Recommendation (If Applicable for Students/Scholars/Project Staff)

(To be filled by Supervisor / Faculty Guide / Head of Department)

Name: _____

Designation: _____

Remarks / Recommendation:

Signature: _____

Date: ____ / ____ / ____

8. Library Department Use Only

- Request Received On: ____ / ____ / ____
- Verification of Status (Checked by): _____
- Access Granted via (Method): _____
- Approved / Not Approved: _____
- Access Granted from: ____ / ____ / ____
- Access Valid till: ____ / ____ / ____ (Maximum 30 Days)
- Remarks: _____

9. Approved by (University Librarian / Designated Authority)

Name: _____

Signature: _____

Date: ____ / ____ / ____