



**National Law University of Meghalaya**  
**On-Demand Research Tool Access Request Form**

**1. Applicant Details**

- **Name of Applicant:**

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- **Designation:**

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- **Institutional Email ID:**

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- **Mobile Number:**

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**2. Category of Applicant**

(Please tick ✓ the appropriate category)

Category	Select
Faculty Member	<input type="checkbox"/>
Research Scholar / Project Researcher	<input type="checkbox"/>
Student (UG / PG / PhD)	<input type="checkbox"/>
Administrative Staff	<input type="checkbox"/>
Other Members of NLUMeg	<input type="checkbox"/>

### 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)

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### 5. Duration of Required Access

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

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- **From:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- **To:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- **Total Duration (Days/Weeks):** \_\_\_\_\_

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### 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:**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### 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:** \_\_\_\_\_

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### 9. Approved by (University Librarian / Designated Authority)

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_