

ITLA

Indian Theological Library Association

(Form – I)

MEMBER LIBRARY PROFILE

(To be submitted by Regular/Associate Members)

(Please read carefully before filling in this form. Write Legibly or type. Avoid over writing)

1. Name of the Institution : _____

a) Year Est. : _____

b) Library name (if any) : _____

2. Name of the head of the Institution : _____

3. Address for Communication : _____

4. Other Information :

a) Telephone : _____

b) Fax : _____

c) Email address : _____

5. Website Address : _____

6. Name of the Librarian : _____

a) Educational Qualification : _____

b) Years of Service : _____

c) Email ID : _____

7. Names of the Library Staff :

<i>Name</i>	<i>Edu. Qualification</i>	<i>Designation</i>	<i>Job Description</i>

8. Classification System (Tick one of the below)

1. DDC

2. UDC

3. Colon Classification

4. LC

9. Cataloging System

1. AACR II

2. CCC5

3. Others (specify)

10. Is your library computerized? Yes/No

1. If Yes. Please name the software _____

2. If No. Do you plan to computerize? Yes/ No If Yes When?:

11. Collection and development

a. No. of Books/Vols as on _____ :

b. No. of books purchased annually :

c. Current Periodicals :

Indian : _____

Foreign : _____

d. Bound Back volumes :

e. Maps :

f. Archives (Total) :

Books : _____

Manuscripts : _____

Microfilms : _____

Microfiches : _____

Digital Collection: _____

Others : _____

12. No. of users Registered :

13. Assess Your library

a) Strengths :

b) Weakness :

c) suggestion for Improvement :

14. Do you have Internet facilities : Yes/ No

15. Access to Stacks : Open Access / Closed Access

16. Equipment and Machines

- a. Microfilm Reader :
- b. Xerox Machine :
- c. computers :

17. **Services offered**

- a. Reference :
- b. Reprographic :
- c. SDI :
- d. CAS :
- e. Others (Specify) :

18. **Future Plan**

- a. By 2007 :
- b. By 2010 :

Declaration

We, the undersigned, declare that above furnished details are true to the best of our knowledge.

Signature
Librarian

(Seal)

Signature
Head of the Institution

Date:

Send the filled in form with payment to:

Mr. S. Yesan, Executive Secretary
Indian Theological Library Association
SAIACS
Kothanur Post
Bangalore – 560077

Ph: 080 – 28465235 / 649
Fax: 080 – 28465412
Email: itla_in@yahoo.com

Send your payments by DD infavour of “INDIAN THEOLOGICAL ASSOCIATION, PUNE” incase of MO may be sent to the Secretary.

