



REQUEST FORM FOR PASTIC KoHa Cloud

Form can also be downloaded at URL: pastic.gov.pk/cstrdlp

Name of Library: _____

Name of Institute: _____

Contact Person (Chief Librarian / Head of Library): _____

Address: _____

City: _____ Province: _____

Phone Number: _____ Fax Number: _____

Cell Number: _____ Email: _____

Website: _____

TERMS & CONDITIONS:

- Institute should have Professional Librarian
- Institute should allow to access OPAC data for developing PakCat: Union Online Public Access Catalogue (Union OPAC)
- PASTIC should be allowed to inform library users about (check-in/check-out, overdue notice, fresh arrivals, PASTIC CAS, SDI Service, etc)

* By signing this form means you agreed with all terms & conditions mentioned.

Signature Head of Institute

Signature Head of Library