

**Maulana Azad Library, AMU, Aligarh**  
Request for Activation of Grammarly Account (Faculty Member)

S. No. ....

Dated: .....

Name (Prof./Dr./Mr./Ms./Mrs.): .....

Designation: ..... Permanent ID.: .....

Department: .....

Library Membership No. .... Mobile: .....

E-mail: .....

Alternate E-mail: .....

*Terms and Conditions:*

1. *Only Faculty Members of Aligarh Muslim University, Aligarh are eligible for the Grammarly account.*
2. *The Grammarly account is not transferable and the account holder shall be responsible and liable for the use/misuse of the account in anyway.*
3. *Illegal transfer of the account to any other person will lead to cancellation of the Grammarly account.*

(Signature of the Chairperson)  
Seal

(Signature of the Candidate)

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**FOR OFFICE USE**

Registration No..... Date ..... Expiry Date .....

Allowed

University Librarian