

Request for access to the archives of the Institute for the History of Medicine at the Univ. of Bern

Details of the applicant

Title, first name, surname:

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Institution:

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Address:

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Tel.:e-mail

I request to inspect the following archive holdings (signature/s):

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They are used for:

Scientific purposes non scientific purposes

These are

a) Study (tick as appropriate):

Bachelor Master Diploma thesis Dissertation Habilitation Research project

at the following institution:

.....

Title of the study:

.....

b) Publication (tick as appropriate):

Monograph Article in anthology Article in scientific journal Article in magazine newspaper article
 online publication

Title of the publication (and of the anthology/journal/magazine/newspaper/website):

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Expected year of publication:

Comments:

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With my signature, I confirm that the above information is correct and that I have read and accepted the "Regulations for the use of the IMG archives".

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Date

.....

Signature