

To register for Egyptian Knowledge Bank (EKB), please follow the coming steps:



3. Select Researchers Portal "Faculty members & Students should select Researchers Portal"





4. Fill in your information

Egypton K Uppfan K			EVENTS CONTACTOS	ABOUT US FAQ		
,,	Crowledge Bonk Q Lizzoff Cizy	Search				×
			RESEARCH	HERS		
		R	EGISTR	ation		
	BASIC					
	INFORMA	TION ® "USP	E YOUR M	U EMAIL	(USERNAME@	miuegypt.edu.eg)
	First Name	First Name		Last Name	Last Name	
	Email	Empil		Mehlle Number	Mahila Number	
	Email	Email		Mobile Number	Mobile Number	
	Confirm Email	Confirm Email				
	BirthDate			National ID	National ID	
	PROFESSIONAL					
	PROFESSIONAL	ION	"IF S	STUDENT,	SELECT (Grad	uate Student) "
	PROFESSIONAL AFFILLIAT University/Institute	ION Select One	"IF S	STUDENT, S	SELECT (Grad	uate Student) "
	PROFESSIONAL AFFILLIAT University/Institute	CION Select One	"IF S	STUDENT, Faculty	Select One	uate Student) "
	PROFESSIONAL AFFILLIAT University/Institute Department	ION Select One Department	"IF S	Faculty	SELECT (Grad	uate Student) "
	PROFESSIONAL AFFILLIAT University/Institute Department Title	Levent One Department	"IF S	Faculty Degree Major	SELECT (Grad	uate Student) "
	PROFESSIONAL AFFILLIAT University/Institute Department Title Specialty Upponal	Department Select One Select One Select One	"IF S	Faculty Degree Major	SELECT (Grad	uate Student) "
	PROFESSIONAL AFFILLIAT University/Institute Department Title Specialty (Docona)	LON Select One Department Select One Select One	"IF S	Faculty Degree Major	SELECT (Grad	uate Student) "
	PROFESSIONAL AFFILLIAT University/Institute Department Title Specialty (Optional)	Levent Cone Department Select One Select One	"IF S	Faculty Degree Major	SELECT (Grad	uate Student) "
	PROFESSIONAL AFFILLIAT University/Institute Department Title Specialty Optional	Lever Cone Department Select One Select One		Faculty Degree Major	SELECT (Grad	uate Student) "
	PROFESSIONAL AFFILLIAT University/Institute Department Title Specialty Optional	ION Select One Department Select One Select One Select One Select One Select One		Faculty Degree Major	SELECT (Grad	uate Student) "
	PROFESSIONAL AFFILLIAT University/Institute Department Title Specialty Dycoma	ION Select One Department Select One Select One		STUDENT, S Faculty Degree Major	SELECT (Grad	uate Student) "
	PROFESSIONAL AFFILLIAT University/Institute Department Title Specialty Disconse	ION Select One Department Select One		STUDENT, Faculty	SELECT (Grad	uate Student) "



5. Read Terms & Conditions, Check the box, Type verification text, Submit!





6. An email will be sent to you confirming your registration (if not, check spam or junk).

Check it to get the username & password.

7. <u>Sign In</u>



For any live assistance, our <u>live chat</u> will help you indeed! Good Luck, Library Staff.