**Book Recommendation Form**

**------------------------------------------------------------------------------------------------------------------------------**

**Name of Faculty** :

**Library Membership Number** :

**Department/School/Center** :

**------------------------------------------------------------------------------------------------------------------------------**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Author | Title | Publisher | ISBN | Price | Copies | Copies in Library |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Email:** Phone Number: **Date** : **Signature of Recommender**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Approved by** HoD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

------------------------------------------------------------------------------------------------------------------------------------

**For Central Library Use**

Requisition Processing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Received | Budget | No of Copies Available | Price | Initials |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Enquiry Date, if any | Order | Asstt. Librarian (Acq) |
|  |  | PO No & Date |  | Supplier |  |  |