



# DLHS BLR LIBRARY

## BOOK/S RECOMMENDATION FORM

Name : \_\_\_\_\_ Designation : \_\_\_\_\_

ID No.: \_\_\_\_\_ Department : \_\_\_\_\_ E-mail : \_\_\_\_\_

Phone : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

<b>Receiving Date</b> <b>(Library official use)</b>

Please arrange to get the following books for the library. (\* Mandatory fields)

Sr. No.	*Author / Editor (In Capitals)	*Title / *ISBN or E-ISBN	* Hardcover / Paperback / E-book	*Publisher	Edition/ Year	MRP (in Original Currency)	Number of Copies		* Justification for the Procurement
							Available in the Library	Additional if Required	

Name of the HOD: _____  Signature with Date: _____
--

Chief Librarian: _____ Date: _____
------------------------------------