

## **Requisition of Book(s) Procurement by KSOP-Library** **(B.Pharm./M.Pharm.)**

### **Name of the Deptt.:**

Name of the Faculty, Recommending Purchase of Book:

Applicable Course/Semester :

Applicable Subject Code & Name :

Nature of the Book: Print/Ref. Book:

Date:.....

S. No	Title of Book	Author(s)	Ed.	Publisher	Used by no. of students	No of Copies Req.	No of Copies Available	To Be purchased	Price (Approx)	Dis %	Total Amt.

\_\_\_\_\_  
Librarian

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Prof. In-charge (KRC)

\_\_\_\_\_  
Director Academics

\_\_\_\_\_  
Executive Director

