

# Requisition Performa for Purchasing of Books in KSOP Library for B.Pharm. & M.Pharm.

**Name of the Deptt.:**

Name of the Faculty, Recommending Purchase of book:

Applicable Course/ Sem.:

Applicable Subject Code & Name:

Nature of the book: Text/ Ref. book:

Dated:.....

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.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Librarian

\_\_\_\_\_  
Prof. In -charge Library

\_\_\_\_\_  
Dean Academics

\_\_\_\_\_  
Joint Director

\_\_\_\_\_  
Director