

## 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.

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Librarian

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Principal

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Chairman LAC

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Director Academics

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Joint Director

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Director General