

ACET/LB/01

Director

Name:

Date:

BOOK PURCHASE REQUISITION FORM

ACADEMIC YEAR 20—TO 20---ODD/EVEN SEMESTER

Requester details

HOD

Name:

Date:

Librarian

Name:

Date:

Name:

Department &Designation: Requirement details					
S. No	Title of the book	Author	Publisher's name	Qty	Amount
			<u> </u>		

Principal

Name:

Date: