CENTRAL LIBRARY

NATIONAL INSTITUTE OF TECHNOLOGY,RAIPUR(C.G)

BOOK REQUISITION FORM

E-mail: library.nitrr@gmail.com

Name of the Dept/Centre:…….. Year:……

S. N	Author/Editor(Surname first)	Title of the Book	Publisher	No. of copies	Course (UG/PG/ Ph.D)	No of students	Remark(For Library use)

Name & sign of indenter

Sign of H.O.D with seal

(Duplication checked)
Asst.Librarian(Acquisition)

Dy.Librarian