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RECOMMENDATION FORM FOR THE PURCHASE OF BOOKS

Name of the Recommender :

Date :

Department Name :

Designation:

E-Mail ID :

Mobile No.

S.NO.	AUTHOR	TITLE	PUBLISHERS	PUBLICATION YEAR	ISBN	NO. OF COPIES	CURR	PRICE	Category (Text/Reference/Competitive)	Course Name	Intake of Students
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

SEAL & SIGNATURE (HOD) _____