## SHANTARAKSHITA LIBRARY CENTRAL UNIVERSITY OF TIBETAN STUDIES SARNATH, VARANASI – 221007

## Requisition form for Books/Journals/e-books/CDs/DVs etc.

No.				Date:				
Nan	ne &D	esignation/Class:	Phone Nu	Phone Number & E-Mail Id:				
Dep	artme	ent/Unit/Section:						
S.N.	Qty.	Title & Edition/Volume/Year	Author/Editor	ISBN/ISSN	Publisher	Price	Remark of Library Staff	

Approved / Not Approved

Vice Chancellor/Registrar Librarian Head of Department Signature of Proposer

## For Library Use:

Process	Sign of concerned Library Staff with Date
Duplicate Checking	
Requirement Communicated to (Name of Supplier/s)	
Document/s Received (BRR No.)	
Accessioning	
Technical Processing	
Message Communicated to Proposer	
Document/s Transferred to Stack	

Date: Signature of Librarian / Documentation Officer /Assistant Librarian