

DR. G.M. PHADKE MEMORIAL LIBRARY (N.I.R.R.H.)

REQUISITION FOR PHOTOCOPY

Date: ____/____/200__

Indentor: Name/Department _____

Nature of Work: _____

	<u>Journal</u>	<u>Volume</u>	<u>Part/Issue</u>	<u>Page Nos.</u>	<u>Year</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

(Please use verso of form for additional requirement)

Total No. of Pages _____ No. of copies required _____

Official / Project / Personal

Requirement Approved by:

Signature: _____

Library & Information Officer

PI collect the ...

DR. G.M. PHADKE MEMORIAL LIBRARY (N.I.R.R.H.)

REQUISITION FOR PHOTOCOPY

Date: ____/____/200__

Indentor: Name/Department _____

Nature of Work: _____

	<u>Journal</u>	<u>Volume</u>	<u>Part/Issue</u>	<u>Page Nos.</u>	<u>Year</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

(Please use verso of form for additional requirement)

Total No. of Pages _____ No. of copies required _____

Official / Project / Personal

Requirement Approved by:

Signature: _____

Library & Information Officer

PI collect the ...