**RAWALPINDI MEDICAL UNIVERSITY, RAWALPINDI**

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**REQUEST FORM FOR PURCHASE OF BOOKS AT RMU MAIN CAMPUS LIBRARY**

**Name of Department:**

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| **S. No**  | **Name of Book’s**  | **Name of Author’s**  | **Edition**  | **Qty**  | **Place & Publisher**  | **Year**  | **Hard Copy**  | **E. Books** | **International** **Book Price /Publisher Price** | **Library Rates National Library of Pakistan** |
| **01** |  |  |  |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |  |  |  |
| **04** |  |  |  |  |  |  |  |  |  |  |
| **05** |  |  |  |  |  |  |  |  |  |  |

**Signature with Stamp Librarian RMU Main Campus. Signature with Stamp Head of Department**

*Chairman Library Library Incharge /Library Affair Library Committee Member*

**Recommended/Not Recommended**

**Vice Chancellor**