**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**