



Central Library
Periodical Recommendation Form / Indent

To: The Librarian

I recommend the Library subscribes to the following Journals for school of _____.

S.No.	NAME OF THE JOURNAL	PUBLISHER	Periodicity	APPRX. SUBS. PRICE
TOTAL AMOUNT ₹				

Signature:

Name:

Designation:

Deptt:

Approved by (Dean)

FOR OFFICE USE ONLY

To: The Chief Finance & Accounts Officer

The periodical/s recommended as above may please be approved for the library subscription.

Authorities	Remarks	Signature & Date
Librarian i/c		
Registrar		
Accounts Officer		
The Chief Finance & Accounts Officer		

