



Central University of Karnataka Library, Gulbarga

BOOK BANK INDENT FORM

Name:

Date:

Department:

Designation:

Book Vendor:

Sl.No	Author	Title of the Book	Publisher	Year/ Edition	No of Copies	Price

Note: Justification About How far Book is Useful: (Please use reverse side of the form if space is not sufficient)

Signature of the faculty

**Signature of the HOD
(Seal)**

**Signature of the Dean
(Seal)**