



Indira Gandhi Memorial Library
UNIVERSITY OF HYDERABAD

BOOKS INDENT FORM
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Department/School..... Date

Supplier's Name Budget / Grant

S.No	Author & Title of the Book	Publisher	Year/Edition	Price

The library may please purchase the _____ books recommended by the faculty of our school/department.

Recommended by (Name)

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(Seal)

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(Seal)

To: The Librarian, IGM Library, UoH