

## GC WOMEN UNIVERSITY SIALKOT

## Department of Library Book Requisition Form By The Faculty/Staff/Research Scholars

No ·	Title	Author	Edition/Year	ISBN	Remarks
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2					
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Department:C		Contact. No (Ext.):	Email:		
Remark (If any):			Signa	ture	Date:
Verifi	ed by Dean/ Director/ HoD / Incharge				
Name: Remarks:		arks:	Sign. & Stamp:		
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