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Journal / Magazine Subscription Requisition Form

From: Through Librarian To
The Head, Dept. of _____, The Principal
Sarupathar College

Date:

Sub: Journal / Magazine Subscription – Requisition - Regarding.

1. Name of the Journal/Magazine : _____
(Pl. specify National/International)
2. Print / E-Resources : _____
3. Periodicity of the Journal/Magazine : _____
4. Subscription Cost per Year : _____
5. Place of Publication : _____
6. Publisher Address : _____

- Publisher Phone No. : _____
- Publisher Email-id : _____
7. Any other Information : _____

The above journal/magazine is required for the Faculty & Students of our Department, Hence it is recommended for the subscription to keep in Main Library.

Signature of the Faculty

Signature of the Head of the Dept.

Staff No.

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Submitted to Principal for Approval

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