

**Shree Warana Vibhag Shikshan Mandal's**  
**TATYASAHEB KORE COLLEGE OF PHARMACY, WARANANAGAR**  
**SUGGESTION FORM FOR BOOK(S) TO BE PURCHASED IN LIBRARY**

(Shall be forwarded through Principal)

Name of the Student / Staff: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR LIBRARY USE ONLY	
Receiving Date & Time	Action taken

Please arrange to get the following book(s) for the library (\* Mandatory fields)

Sr. No.	*Author /Editor / Surname First	*Title	ISBN/ ISSN Number	Publisher	Edition	Price (in INR)	Number of copies		Justification for Purchase
							Available in the Library	Additional copies Required	
1.									
2.									
3.									
4.									
5.									

Recommended / Not Recommended

(LIBRARIAN)

(PRINCIPAL)

**Note: Faculty members are entitled to suggest maximum five books per subject (As per revised syllabus)**  
**Incomplete details of the books will not be entertained**