



School of Planning and Architecture Vijayawada
Central Library
Book Requisition Format

Name of the Indenter:.....

E.C. No.....

Designation.....

Name of Department/Office.....

Telephone No.....

E-mail.....

SI No	Author	Title	ISBN	Publisher	Year	Qty.	Price	Total Price	Text/Ref. Book
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Signature of the Indenter

HOD

Dy. Librarian/Librarian

Approved

Director