

LIBRARY & INFORMATION SERVICES

Photocopy Requisition Form

Date:

FACULTY /STUDENTS/OTHER/

Requisition for Xeroxing pages from Books/Documents/Papers etc.

Name of the Requisitioning Party:

No. of Pages to be Xeroxed/Copies Required:.....

Sent on date at

Cost to be paid Re. 1.00 per page

Sign of the Requisitioning party

LIO-I/ALIO /SLIA