

**LIBRARY REQUISITION SLIP**

<b>Name of the member:</b>	
<b>Library ID Card No.:</b>	
<b>Required Book/s Name: (with author &amp; publisher) [In order of preference]</b>	1. .... .....  2. .... .....  3. .... .....
<b>Mobile No. of the member:</b>	
<b>Signature:</b> <b>Date:</b>	

**FOR NEW MEMBERSHIP PLEASE CONTACT: DR. DIBYAJYOTI SAHA at 9804648238; MR. ANTARIKSHA BHANDARI at 9088273713; 8961366642**

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