

**SALIM HABIB UNIVERSITY  
TARIQ AMIN LIBRARY RESOURCE CENTRE  
BOOK SUGGESTION FORM**

Date:  
ID No.:

Suggested By:

Signature: \_\_\_\_\_

Name:

Designation:

Department:

To,  
The Librarian  
Tariq Amin Library

Kindly arrange to procure the following books for the Library. This/These book(s) is/are very essential for Students/Faculty.

S. No.	Author/Editor/Director (Surname First)	Title of the Books/DVDS	Edition/ Vol. (if any)	Publishers and Place of Pub.	Number of Copies		Price	Remarks by Staff or Librarian
					In Stock	Required		
1.								
2.								
3.								

Signature of H.O.D.: \_\_\_\_\_

Remarks of Librarian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_