

Recommendation form for Standards

Name: _____

Date: _____

Designation: _____

Department: _____

Sr. No.	IS No.	Year	Cost (Rs)	Remarks (If Any)

Signature of Faculty:

Recommended by:

(Concern Head of Department)

Librarian:

Approved by:

(Prof. Incharge Library)

Dr. L. N. Patel
(Principal)