

IN-LIBR-D9

Approval No:

PERIODICAL APPROVAL FORM

New Subscription	()
Renewal of Subscription	()

Name of Periodical: _____

Publisher: _____

Place of Publishers: _____

Subscription Agency: _____ Direct: _____

Frequency: _____

Subscription Period: _____ From: _____ To: _____

Subscription Cost: _____

Recommended by: _____

Signature: _____

Librarian

Executive Director

(For IRC Use)

Bank Name	Draft / Cheque No.	Dated

Please make cheque / DD in favour of.....

for amount