

DATTA MEGHE COLLEGE OF ENGINEERING, AIROLI.

Date:

CENTRAL LIBRARY  
REQUISITION FORM

NAME OF THE FACULTY:

DESIGNATION / DEPARTMENT: -----

DATE / NAME OF THE EXHIBITOR:

SR NO	TITLE	AUTHOR	PUB-LISHER	QTY	SUB	SEM
1						
2						
3						
4						
5						
6						
7						
8						

SIGNATURE:

HOD Remark & Sign.

Principal