



MINISTRY OF EDUCATION, GOVERNMENT OF INDIA UNIVERSITY MICROFILMS INTERNATIONAL SERIALS ACQUISITION DEPARTMENT

Name: _____
 Library: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

1. Name of the library: _____
 2. Name of the person: _____
 3. Name of the book: _____
 4. Name of the author: _____
 5. Name of the publisher: _____
 6. Name of the distributor: _____
 7. Name of the agent: _____

S/N	TITLE	AUTHOR		PUBLISHER	PRICE	REMARKS
		NAME	ADDRESS			
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