

Name of the Programme :
 Department :
 Date :

Book Indent



COLLEGE OF PHYSIOTHERAPY

SL NO.	Title	Author(s)	Publisher	Edition/Y ear	ISBN No.	No. of Copies Required	For Library Use	
							Available copies In the library	Copies to be Purchased
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Coordinator Details

Name:
 Designation:
 E-mail:
 Signature:

Department Head /Area Chair

Name:
 Mobile:
 E-mail:
 Signature:

Signature of the Chief Librarian