

AURORA'S SCIENTIFIC, TECHNOLOGICAL AND RESEARCH ACADEMY
BANDLAGUDA, HYDERBAD 500 005
L I B R A R Y

RECOMMENDATION FORM FOR BOOKS

Department: _____ Sem _____ No of Students _____ Date _____

Sr. No	Subject	Title	Author	Publisher	Edition	No. of Copies Available in the Library	No. of Copies Required	Remarks

Signature

Head of the Department

Librarian

Director