



### Journal/Periodical Recommendation Form / Indent

To, \_\_\_\_\_ for the year \_\_\_\_\_  
 Deputy Librarian  
 MPCL, MPTP  
 SVKM's NMIMS, Shirpur Campus

Date: \_\_\_\_\_

I \_\_\_\_\_ recommend the Library subscribes to the following journal/s.

Sr.No.	Title	Publisher	ISSN	Approximate Price	Remarks

Name & Signature of Faculty: \_\_\_\_\_

Department : \_\_\_\_\_

**Signature & Date**  
 Head of Department

Approved by: **Associate Dean/ Director** : \_\_\_\_\_

Library Committee / Deputy Librarian Comments : \_\_\_\_\_

For Library Use: Ordered No. \_\_\_\_\_ Date: \_\_\_\_\_