

## Library & Information Centre Your Strategic Learning Partner

## **E-RESOURCES REQUISITION FORM**

Name	:
<b>Email Address</b>	:
Category	: Faculty/Staff Student
Department/Academic A	Area:
E-Resource Name* :_	
Publisher/Vendor :_	
IIDI ('C. '111)	
URL (if available) :_	
Subject areas covered*:	
Reason for Request:	Academic/Curricular Academic Research
(	Consultancy/External Project
• •	-resource is needed, Title & Duration of the Courses/Research/
Projects for which it is go	oing to use:
List other Academic/Rese	earch Area who might have curricular/Research interest in this
electronic resource:	
Additional commends/rea	marks about this resource:
raditional commends, for	narks about this resource.
Date:	Signature: