



## BOOK RECOMMENDATION FORM

### Learning Resource Centre (LRC)

#### A. Personal Information:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
 Department: \_\_\_\_\_ Emp. Code/Enrolment: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_ Course(s) taught (in case of faculty): \_\_\_\_\_

#### B. Book Information:

Title: \_\_\_\_\_  
 Author: \_\_\_\_\_  
 Publisher: \_\_\_\_\_ Edition/Year of Publication: \_\_\_\_\_  
 ISBN (If available): \_\_\_\_\_  
 Approximate Cost (if known): \_\_\_\_\_ Number of Copies required: \_\_\_\_\_

#### C. Purpose of Recommendation:

Subject Area/Research Field: \_\_\_\_\_  
 Is this title recommended in JUIT's Course curriculum/syllabus? Yes ☐ No ☐  
 Reasons for recommendations (e.g., Required for teaching, coursework, research, general interest):  
 \_\_\_\_\_

#### D. Relevance & Usage:

- How will this book benefit yours'/students' learning/teaching/research? \_\_\_\_\_
- Is this book already in the library? Yes ☐ No ☐ if Yes, no. of copies \_\_\_\_\_  
 If Yes, why do you recommend more copy or edition? \_\_\_\_\_
- Estimated number of students who will use: \_\_\_\_\_

#### E. Recommendation validation:

Authority	Name	Signature	Date	Comments, if any
Subject Expert / Subject Coordinator				
Professor				
HoD				

Additional comments, if any: \_\_\_\_\_

Signature of Recommender: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Library Use Only:

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