Xerox Indent Form Central Library, CSJM University, Kanpur

To, The Librarian, Control Library CSIM Hairraritan Kanana	
Central Library, CSJM University, Kanpur	
Kindly make Xerox copy for Official/ Academic Use.	
Name of faculty/staff:	
Designation:	
Dept/ Section:	
Purpose:	
No. of copies:	
Date:	
	(Signature and stamp of HOD)
For Official Use (Central Library)	
Total No. of Pages Xeroxed:	
Signature of Library Staff	
Xerox Indent Form Central Library, CSJM University, Kanp	our
To, The Librarian, Central Library, CSJM University, Kanpur	
Kindly make Xerox copy for Official/ Academic Use.	
Name of faculty/staff:	
Designation:	
Dept/ Section:	
Purpose:	
No. of copies:	
Date:	
	(Signature and stamp of HOD)
For Official Use (Central Library)	

Signature of Library Staff

Total No. of Pages Xeroxed: