# Shri Guru Ram Rai Institute of Medical & Health Sciences Patel Nagar, Dehradun

Central Library Date
----------------------

#### **BOOK RECOMMENDATION SHEET**

1. Nan	ne of the Faculty Membe	r:	
2. Desi	ignation	:	
3. Dep	artment Name	:	

S. N.	Title	Author	Publisher	Edition / Year	Deptt. Library	Central Library	Total No. of
							Copies
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
				To	tal No. of Bo	oks	

SIGNATURE OF FACULTY MEMBERS & DATE:	
APPROVED BY DEAN / PRINCIPAL	:
REMARKS IF ANY:	

# Shri Guru Ram Rai Institute of Medical & Health Sciences Patel Nagar, Dehradun

### **Central Library**

Date:

#### **JOURNAL RECOMMENDATION SHEET**

S. N.	Name of Journal	Type I/F
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

REMARKS IF ANY: