

**BHAIKAKA UNIVERSITY
KARAMSAD
R &K PATEL KNOWLEDGE CENTRE
E- LIBRARY, / Computer Lab. BOOKING FORM**

Date:- ____ / ____ / 20 ____

To : Dr. Bharat M Gajjar
Professor In charge Central Library

Dear Sir,
Kindly permit us to use E-Library, / Computer lab.

Program Date : ____ / ____ / 20 ____ To ____ / ____ / 20 ____

Program Time : _____ To _____

Purpose : _____

Number of computers required : _____

Name of Requisitioner : _____

Department : _____ Internal Phone No _____

Mobile no. : _____

Sign of Requisitioner

Sign. of HOD

Note: E-Library Timing 9-00 am to 5-00 pm Only

Central Library , : Internal Number : 3459

For office use:-

Availability of time slot Yes/ No

Librarian
(Mr. Jitubhai Makwana)

Approved
Dr. Bharat Gajjar

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