MBM UNIVERSITY JODHPUR

Library Books Donation Form

				Date:/	_/
1. Name	e of the Person : Dr./Prof./Mr./M	Is			
2. Comp	plete Address				
3. E-ma	il Address in CAPITAL:				
4. Conta	act Details : Mobile/Phone				
5. Total	Number of donated books				
	o donate my book(s) to Library, of the donated book(s) are as bel		odhpur, and I ur	nderstand Library rule	es, The
Sr. No.	Title of the Boo	k	Author	Year of Publication	Price
				1 uoneuvon	
(if neces	ssary, please attach a separate sh	neet)			
>	These items will not be returned	d to donors at a later	r stage.		
>	The Library reserves the right to disposal of the donated material	o make the final dec	-	ention, location, proce	essing, and
			Signature		
			Name		
		Library Use	Only		
1. Total	No. of items received:	•	•		
2. Recei	ived by				
	Name:				
	Signature:				

Chief Library Officer Library