



POTTI SRIRAMULU CHALAVADI MALLIKHARJUNA RAO COLLEGE OF ENGINEERING & TECHNOLOGY

7-6-3/1, RAGHAVAREDDY RD, KOTHAPETA,
VIJAYAWADA, KRISHNA DT., ANDHRA PRADESH-520001

CENTRAL LIBRARY

INDENT FORM FOR Journal (*Print or electronic*)/Online Database(s)/Archive(s) Subscription

Date: _____

From
H.O.D/Faculty,

To
The Librarian,
PSCMR CET.

Suggested / Recommended by: _____ Designation: _____ Signature: _____

S.No	Journal Title(s)/ Databases (Full Text / Bibliographical) / Archives (Back Volumes) / [Strike out which is not applicable]	Publisher	ISSN (For Journals only)	Subject / Research Areas	Subscription Cost (If Possible)	Remarks
Total No. of Journals Recommended :						

*Neatly typed complete filled information with signature on print copy may be forwarded to the Principal for processing
Any queries please Contact: **Mr. P.Prasad**, Librarian, PSCMR CET., **E-mail:** librarian@pscmr.ac.in.