

BOOK RESERVATION FORM

Library of Abdus Salam School of Mathematical Sciences GC University Lahore.

Detailed of the book to be reserved:

Author/ Editor-----

Title-----

Year of Publication----- Edition-----

Personal Details

CATEGORY:

- Foreign Professor**
- Local Faculty**
- Post Doc. Fellows**
- MPhil/PhD Scholars**
- Visitors**

Undertaking

I hereby undertake that I will abide by the rules and regulation of the ASSMS Library for book reservation.

Date:-

RESERVED BY:

Name ----- Signature -----

EMAIL ID-----

Address-----

Telephone No----- **Date** -----