GC WOMEN UNIVERSITY SIALKOT
Department of Library

Query Request Form

Circulation Desk

Dated: _____/_____/ 20____

Subject: _____

Dear Sir/Madam,

_____

_____

_____

_____

_____

_____

_____

_____

_____

Sincerely,

Name: _____ Student ID/E-Code: _____ Semester: _____

Program/Designation: _____ Department: _____ Signature: _____

For Office Use Only

Name of the Library: _____

Circulation Incharge: _____ Signature: _____

Library Incharge: _____ Signature: _____