Knowledge Management Centre

National Institute of Design, Assam Book Recommendation Form

Department:	Date

Department.						
SI. No	*Title of Books	*Name of Author/Editor	*Publisher	ISBN (if known)	*No. of Copies / Quanti ty	Remar ks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Note: 1. * is mandatory to fill up the recommendation form of the books.

2. Additional sheets (Signature of the Indenter is mandatory in each additional page) can be attached if required.

Recommended by			

Name :	
Signature:	Signature of the Discipline Lead