

Narosa Publishing House Pvt. Ltd.

22 Delhi Medical Association Road, Prakash Deep Building, Darya Ganj New Delhi - 110 002 Tel.: 23259263 23258579
35-36 Greams Road, Thousand Lights, Chennai - 600 006 Tel.: 28294592, 28295362
306 Shiv Centre, DBC Sector 17, K.U. Bazar, P.O., Navi Mumbai - 400 705 Tel.: 27890977, 27896907, 27892210
2F-2G Shivam Chamber, 53 Syed Amir Ali Avenue, Calcutta - 700 019 Tel.: 22477209, 22470834
Email : orders@narosa.com

INSPECTION COPY REQUEST

Please return it to:

Delhi Branch

Date :

TITLE :

ISBN ,

Rs.

Dear Dr. _____,

Thank you for your letter dated _____ expressing interest in the above title.
Kindly provide us with complete information requested below to enable us to process your request.

We thank you for your cooperation and the interest shown in our publications.

Your sincerely

1. **Course(s) for which the book will be considered/recommended**
 - (a) Textbook :
 - (b) Supplementary :

2. **Title(s) currently used**

Title	Title
Author(s)	Author(s)
Publisher	Publisher
Price	Price

3. **Number of students taking the course in your college/university** :

4. **Number of copies to be recommended for Library purchase** :

5. **Names and Addresses of Members of Board of Studies of your University** :

(i)

(ii)

(iii)

(iv)

(v)

6. **Names and Addresses of Textbook booksellers in your area patronised by students** :

(i)

(ii)

(iii)

(iv)

(v)

7. **Names and Addresses of Teachers in other Universities/Colleges teaching similar courses** :

(i)

(ii)

(iii)

(iv)

(v)

8. **Any other point to relevance** :