**RAWALPINDI MEDICAL UNIVERSITY, RAWALPINDI**

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**REQUEST FORM FOR JOURNALS SUBSCRIPTION AT RMU MAIN CAMPUS LIBRARY**

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| **S.No**  | **Name of Journals**  | **Place & Publisher** | **Qty** | **Year**  | **Quarterly**  | **Monthly**  | **Annual**  | **Hard Copy**  | **E. Journals**  | **Amount**  |
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| **02** |  |  |  |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |  |  |  |

**Signature with Stamp Librarian RMU Main Campus. Signature with Stamp Head of Department**

*Chairman Library Library Incharge /Library Affair Library Committee Member*

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**Vice Chancellor**