



Library Information Services
COMSATS Institute of Information Technology
Park Road, Chak Shahazad, Islamabad
Ph: 051 9240857

Research Inquiry Form

Name & Address: _____

Phone: _____ E-Mail: _____

Department: _____ Date: _____

Purpose: _____

Subject/Topic (Please specify details): _____

Key Words or Related Topics: _____

Any Special Considerations (e.g. books, research articles, thesis, reports etc.)

Books

Research Articles

Thesis

Reports

Any Other: _____

Signature: _____

For Office Use Only

Intake Number:

Date:

Sources of Information Used: _____

Status/Remarks: _____

Resources Used:

Internal

External

Signature: _____