



**CIIT Library Information Services**  
**Selective Dissemination of Information**  
**Researcher's Inquiry Form**

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Designation: \_\_\_\_\_

Purpose of your inquiry:

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Field (s) of Interest: \_\_\_\_\_

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Keywords related to your research area (s):

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Sources that you are looking for information (Please tick the check boxes)

Printed Books

E-Books

Newspapers

Research Articles

Review Articles

Internet Sources

Any Other (Please Specify):

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How frequently you require Information:

Weekly

Fortnightly

Monthly

Bimonthly

Any specified period of your research: From: \_\_\_\_\_ To: \_\_\_\_\_

Please provide your contact information:

Office phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please Note:**

The interested users are required to fill out this form and email to [arслан\\_sheikh@comsats.edu.pk](mailto:arслан_sheikh@comsats.edu.pk)