

## BANSDOC ORDER FORM

Order No.  Date: (For BANSDOC use only)	User's Name:  Address:  Phone:  Email:		
<b>Service Required</b>	Subject:		
📄 Photo Copy:  📄 Bibliography:	Author:  Title:  Journal:  Year:                      Vol.:                      No.:                      Page:		
<b>Photocopy Charge:</b> Per page Tk. 04.00 (Four) only <b>Bibliography:</b> Per page Tk. 3.00 (Three) only	<b>NB.</b> Requesting to supply the above mentioned service and certifying that this documents are required for my personal study / official use. It can not be sale or reprint without the permission of the copyrihter.		
<b>For Official use only</b>			
Tk.	Cash Receipt No.	Bill. No	Signature for BANSDOC

N.B.: You are requested to order by email or personal contact. You can use separate sheet (if necessary).