



**Library Information Services**  
COMSATS University Islamabad  
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: \_\_\_\_\_