



**Selective Dissemination of Information
(SDI Inquiry Form)**

Name: _____ **Department:** _____ **Designation:** _____

Purpose of your inquiry:

Field/s of interest: _____

Keywords related to your research areas:

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

Printed Books

E-Books

Newspapers

Research Articles

Review Articles

Internet Sources

Any other (please specify):

At what frequency you require the SDI service?

Weekly

Fortnightly

Monthly

Bimonthly

Please specify the period of your research: From: _____ To: _____

Please provide your contact information:

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