

ISBN REGISTRATION FORM

QUESTIONNAIRE FOR ASSIGNING PUBLISHER PREFIX

1. Name of Publisher: _____
2. Name of Firm/ Organization/ Deptt: _____

3. Full Address: _____

4. Email Address (Compulsory): _____
5. Contact Number (Compulsory): _____
6. The year when publication work started: _____
7. Total number of Title(s) published to date: _____
8. Number of Title(s) published or expected in the current year: _____
9. Approximate No. of publications/ planned for next five years after: _____
10. Is your firm/deptt. a subsidiary of another firm/deptt. If yes give its name & address: _____

11. Do you have subsidiary firms/deptt? In Pakistan or in foreign countries. If yes, give their names
and address: _____
12. Are you an agent or sole distributor of a foreign publisher? If yes, give name & address of
foreign publisher and publisher’s ISBN code No: _____

13. Subject of publications: _____

Note: -- ISBN will not be allotted on incomplete information. The duly filled, signed, and stamped original
hard copy of the registration form must be dispatched to ISBN Agency NLP.

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ISBN	978	969	
ISBN	978	627	
Page No. _____			
Register No. _____			

(For publisher) ↓

Signature: _____

Name & Designation with Stamp: _____

Date: _____