

**Curriculum Planning & Development Department  
APSACS Secretariat**

Publisher's Book Review Form

Name: \_\_\_\_\_ Name of Publishing House: \_\_\_\_\_

Series: \_\_\_\_\_

Objective of the Sending Books: \_\_\_\_\_

---

---

---

Level: \_\_\_\_\_

Salient Feature of the Series: \_\_\_\_\_

---

---

---

---

---

Cost: \_\_\_\_\_

---

---

Availability of the Series: \_\_\_\_\_

---

---

Outreach for Distribution: \_\_\_\_\_

---

---

Level of Cooperation if Books are to be Amended/Customized for APSACS: \_\_\_\_\_

---

---

Contact Person: \_\_\_\_\_

Mode of Contact: \_\_\_\_\_

*The set of books will be sent to the APSACS Secretariat. Personal contact is not desired.*