

LIBRARY

LOST / MUTILATE BOOK REPLACEMENT REQUEST

| ENROL./UID No: | | | | |
|--|------------------------------|--------------------------|--|---|
| Name (in Block Letters) | | | | |
| Departmen | t | | | |
| Acc. No. of the Book (1) | | | | |
| Title of the Book | | | | |
| Author | | | | |
| Acc. No. of the Book (2) | | | | |
| Title of the Book | | | | |
| Author | | | | |
| Acc. No. of the Book (3) | | | | |
| Title of the Book | | | | |
| Author | | | | |
| | MRP of the Book/s (Rs) | Replacement Cost (Rs) | * Associated Cost (RFID Tags+ Processing charges) (Rs) | Total (Replacement + Associated) Cost (Rs) |
| Book (1) | | | | |
| Book (2) | | | | |
| Book (3) | | | | |
| | | TOTAL | | |
| Total rupees in Words: | | | | |
| * Associated cost for each title is Rs.20/- In order to make good the loss of library material, I hereby wish to do the following (Please Tick) | | | | |
| 1. Herewith replacing the book with latest edition. | | | | |
| 2. Will pay double cost of the book as per library records | | | | |
| Note: Please pay the total amount in Accounts Department and submit the receipt at Library HelpDesk for further necessary action. | | | | |
| Signature of the Applicant: Date: | | | | |
| Signature of theLibrarian: | | | | |