



Library Book Reservation

Name

First Name

Last Name

Reg.no *

Phone *

Email *

Year *

▼

Email *

Year *

Dept *

Book name *


Name of the author *

Reservation Date-Time *

dd-MMM-yyyy HH:MM AM/PM

Due date *

Due date *



dd-MMM-yyyy HH:MM AM/PM

Rating



Terms and Conditions *

Book has to be return on or before the due date

☐ I accept the Terms and Conditions.

Submit

ⓘ Do not submit confidential information such as credit card details, mobile and ATM PINs, OTPs, account passwords, etc. [Report Abuse](#)

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