

GOVERNMENT COLLEGE OF PHARMACY, Chh. SAMBHAJI NAGAR (BOOK BANK FORM)

Name of Student: - _____

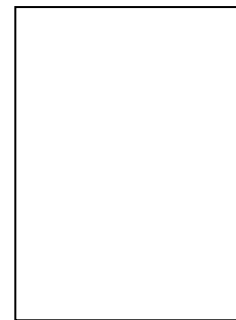
Roll No: - _____

Class: - _____

Academic Year: - _____

PRN No. :- _____

Category: - OPEN/SC/ST/NT/VJNT/OBC/SBC _____



TO,
The Principal,
Govt College Of Pharmacy,
Chh. Sambhaji Nagar.

Sub: Requisition for the books from Book Bank.

Sir,

Please arrange to issue the available books from the list as below.

Sr. No.	Name of Book	Author

UNDERTAKING

1. I confirm that the information given above is true to the best of my knowledge.
2. I promise to use the issued book with utmost care & return the same at the end of the current academic session or year.
3. In case one or more books are damaged / lost, the library will be at liberty to impose penalty on me as deemed fit, or recover the cost of the book as its standard policy, or direct me to submit a copy of the latest available edition in print.

Enclosures Photocopy of:

1. Caste Certificate
2. Caste Validity
3. Tuition Fee Receipt (current Year)
4. Last Semester Mark memo
5. CET Score Card (Current Year)
6. Current Year Allotment Confirmation Letter (1st & Direct 2nd year Student)

Yours Faithfully,

(Name of Student & Sign)

RECEIVED THE FOLLOWING BOOKS:

Sr. No.	Acc. No.	Name of Book	Author	Price
Total Price				

Signature of Student

Permanent Address

MOB No. : _____

Email ID : _____

RECEIPT**GOVERNMENT COLLEGE OF PHARMACY, Chh. SAMBHAJI NAGAR
(BOOK BANK)**

Received Fee/ 5%/ 10% cost of Book Rs..... (Rs.....)

From Mr. / Miss..... of..... On.....

Instructions:

1. Return the book immediately after Exam is over.
2. Students Returning the book after 10th day (after exam is over) will be fined Rs. 1/- per day.

Dept of Library