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BOOK BANK APPLICATION FORM

| Name of the Student Roll No: Department. Seme Category: Gen/SC/ST/OBC: Mobile: Email: Permanent Address. | ester |
|---|--|
| I,, hereby undertake | that if I am given books from the Book |
| Bank, I Shall use the same with utmost care; that I shall return the books as soon as the Semester exams | |
| (Theory) end or even earlier if I am asked to do so and that I shall abide by the Rules of the Book Bank. | |
| Date: | Signature of the Student |
| Recommendation by Principal / HOD I certify that the applicant is a student of the College and recommend his/her for availing Book bank | |
| facility. | |
| Name: | Designation: |
| Signature: | Date: |
| (Office use) | |
| (To be filled in by library stat | only) |
| Membership No: | |
| Date: | Signature of the Librarian / Staff |
| Check List: 1. Copy of the income certificate of the parents 2. Original mark sheet of last exam/ semester 3. Photocopy of Student College ID card. | |

[N.B.: No change of book will be entertained in the middle of a semester.]