



TITLE : BOOK BANK APPLICATION FORM S.C. / TOPPER / DIFFERENTLY ABLED

L/P/24/00

Date: _____

To,
The Librarian
SGI, Atigre,

Sir,

I wish to avail of the facility/facilities of “Book Bank Scheme”. My particulars are as follows:

1) Full Name : _____

2) Class : _____ 3) Roll No : _____

4) Marks obtained in last Examination :

Name of Exam	Mark obtained	Percentage

5) Permanent Postal Address: _____

6) Telephone / Mobile No : _____ 7) E Mail ID : _____

I agree to handle the books with at most care and return them intact before prescribed time limit. I shall also abide by the rules.

Thanking you,

Yours faithfully,

Place : Atigre
Date :

(Signature of students)

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- Note :
- 1) Student should writes the name of the books available in “ Book Bank Scheme”
 - 2) If the book is lost, the student has so replace a new copy of a Book lost.
 - 3) **Such Books should be returned within two days after theory exam is over otherwise a fine of Rs 10.00 per day per book will be charged.**
 - 4) All the books have to be returned by the person to whom the books have been issued in the beginning.
 - 5) No change of book will be entertained in the middle of the semester.
 - 6) Each set is issued for maximum of one semester.

Title:-Book Bank Application Form

Sr. No.	Acc. No.	Name of the Title	Author
1			
2			
3			
4			
5			

1.

2.

Librarian

(Signature of Students)