CENTRAL LIBRARY - BOOK LOST DECLARATION FORM

1. Member Details

Name	
Enrolment ID/ Employment ID	
Department	
Contact Number	
Email Address	

2. Book Details

Accession Number	
Book Title	
Author Name	
Issue Date	
Due Date	

3. Declaration

I hereby declare that the above-mentioned library book has been lost by me. I agree to pay the amount/fine for the replacement of book as per the library rules.

Signature of Member with Date:

Library Office Use Only

Fine/Replacement Amount: _____
(To be deposited in Accounts Section)

Signature:
Date: