

CENTRAL LIBRARY
MANIT, Bhopal – 462051

Loss of Library Cards Intimation Form

1. Name.....
2. Faculty / Staff / Student.....
3. (a) Designation (* for Employees only).....
(b) Academic Program: U. G. / P. G. / Ph. D. (*Mark the relevant one)
Year.....Branch.....Sch. No.....
4. Section / Department.....
5. No. of Library Cards Possessed.....
6. No. of Library Cards Lost

Undertaking I confirm that the information given above is true to the best of my knowledge, and that I will be solely responsible for any discrepancy discovered at a later point.

Date ----- / ----- / 20-----

Signature-----

Comments of Dealing Employee.....
.....
.....

(Signature)

Forwarded by:

Name of the Forwarding Authority.....

(Signature)