



YSPM's

**Yashoda Technical Campus, Satara
Central Library**

Application Form for Availing Books from Book Bank Scheme

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|---------------------|--------------------|------------|------------|----------------|----------------|----------------|
| Engineering. | Polytechnic | MCA | MBA | D.Pharm | B.Pharm | M.Pharm |
|---------------------|--------------------|------------|------------|----------------|----------------|----------------|

Date:

To,
The Librarian,
Yashoda Technical Campus, Satara

Respected Sir,

I the undersigned Mr/Miss. _____
Course _____ Branch _____ Class _____ Library registration no _____
request you to issue the following books through the Book- Bank Scheme. I will
use these books carefully. I have read the Book-Bank rules and I will abide by
these rules. I will not damage or deface the pages of the books. If the books are
not found in good condition, I will pay the cost price of books of the Book Bank
Scheme.

I will return these books within 2 days taken through Book-Bank
immediately after the University examination is over. If I do not return the books
after completion of the examination I agree to pay fine of Rs. 5/ day for each
book. My particulars are as under

Permanent Address: - _____
_____ Personal Contact No _____

Present Address :- _____
_____ Contact No. _____

| Sr. No. | Book Acc. No | Name of Book | Author | Remark |
|---------|--------------|--------------|--------|--------|
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**Please attach receipt of paid charges.*

Student Signature:

Rules for Book Bank Scheme.

* All students who are availing the scheme must ensure returning the entire set of books provided to them within two days of completion of their University/MSBTE examination in the concerned Semester.

* If any student who is availing the Scheme loses the book / damages the book / disfigures the book, he / she shall replace the Volume(s) with new book/ latest edition (OR pay the current cost of the book plus fine, if any as may be directed by authority).

For Library use only,

Books Issued:

Paid Rs.

Vide Receipt No/Date:

Librarian:

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