

CENTRAL LIBRARY

Paldi village ,Nr Jarod Halol highway,
Ta. Waghodia, Dist. Vadodara-391510 (www.itmbu.ac.in)



FORM NO. 1 (BOOK LOST / DAMAGE FORM)

Fill up all the details in Block letters

Name of Student/Faculty/Staff: _____ Roll No. /PF No.: _____
School/Department: _____ Course/Year (If student): _____
E-mail: _____ PhoneNo. : _____
Date Reported: _____ Signature: _____

USER INFORMATION:**LOST/DAMAGED ITEM INFORMATION:**

Accession No.: _____ Call No.: _____ Due Date: _____
Book Title: _____
Author(s): _____
Edition: _____ ISBN: _____ Type: Hardbound/Paperback
Publisher: _____ Year: _____

PLEASE TICK MARK(√) APPROPRIATE OPTION:**BOOK REPLACEMENT**

I will replace the lost book with an identical book (title, edition, year, etc) within 15 day the date reported.

Signature: _____

PAYMENT FOR LOST BOOK OR BOOK DAMAGED BEYOND REPAIR

I will pay for the replacement cost of the book within 07 days of the date reported.

Cost of the book(Rs.): _____ Plus Processing charge(Rs.): _____ Total(Rs.) _____

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Library staff may please be tick mark **(v)** appropriate option and give details:

PAID Amount (Rs.): _____ Receipt No. : _____ Date: _____

BOOK REPLACED with same edition. If edition or year differs then give details below:

Comments:

Signature with date (Librarian)

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