

PRIN. K. M. KUNDNANI COLLEGE OF PHARMACY

BOOK BANK LIBRARY

APPLICATION FOR LOAN OF BOOKS

Name of the applicant :

(In block letters beginning with surname)

Local address :

Phone No. Res. C/o.

Total No. of marks in PCB at H.S.C

F.Y.B.Pharm S.Y.B.Pharm T.Y.B.Pharm

Prizes or Scholarship secured :

Number of family members :

Number of earning members in the family

Details of employment including place of service, position and length of service

Total income from all sources per annum

Whether belonging to EBC or getting any other concession from Govt. or Semi Govt. authorities:

If yes, give details

Whether applied to any trust or libraries for loan of books and result thereof

Whether belonging to physically handicapped category? Yes/No (Give details of handicapped)

Whether belonging to Reserved Category: Yes/No (Give details)

Ranks at the last university Examination held in at the University in the college

(\*only for first four ranks)

Details about Parents (Tick appropriate box)

Father Working Retired Expired

Mother Working Housewife Retired Expired

Were you recipient of books last year

The above details furnished by me are correct and true. I undertake hereby to abide by all rules and regulations of the Book Bank text book library.

Signature of student

Date:

NB:

A deposit of Rs. 800/- from F.Y.B.Pharm and

 Rs. 1000/- from S.Y./T.Y/IV B.Pharm students (per set will be taken)

All books are to be returned immediately as soon as the final examination is over, failing which a fine of Re. 1/- per day/per book will be deducted from the deposit.

Note: Incomplete Application will not be Considered

For Library Use Only

Book Bank Committee’s Recommendation:

The above application is duly considered and scrutinized. It is proposed that the following books should be sanctioned to the applicant/should not be sanctioned to the applicant

Signature of members of Committee

Prin. K. M. Kundnani College of Pharmacy

Book Bank Library

Guarantee Form

I, understand from my ward student in B. Pharm of Prin. K. M. Kundnani College of Pharmacy, Colaba, Mumbai - 05. Roll No. that he/she has borrowed a set of books from the above Test Book Library.

I, undertake to see that the books are returned to the college as soon as Annual Examination is over, failing which I shall pay the fine as determined by the Book Bank Committee. In the event of deface, damage or loss to any of the books, I undertake to pay the full price of the book/books to the college.

Guardian’s signature

Date:

Guardian’s full name

Guardian’s Address (Office) :

Residential Address :

Sureties:

Name & Address:

Signature

Name & Address: