

Application Form For Book Bank Scheme

Date :-

To,
The Principal
Pune District Education Association's
Shankarrao Ursal College of Pharmaceutical
Sciences & Research Centre
Kharadi, Pune-411014.

Subject: Application for availing the facility of Book Bank Scheme.

Respected Sir,

With due respect, I the undersigned would like to request you to permit me for availing the facility of **Book Bank Scheme** in our college. I assure you that I will abide by the rules of the said scheme and declare that I will be solely responsible for any damage of the books. My details are as follow...

Name :- _____

Class :- _____

Category :- _____

Marks Obtained (%) the last year :- _____ (Passed/A.T.K.T.)

PRN :- _____ (As per Eligibility of S.P. University of Pune)

GRN :- _____ (As per college record)

Kindly grant me the permission and oblige.

Thank You.

Yours obediently,

Signature of the student

To be enclosed: -

1. Photocopy of Admission fee receipt
2. Marksheet (Last Year)

Remark of Librarian:- _____

Signature of Librarian:- _____

Remark of Principal :- _____

Signature of Principal :- _____

Approved/Not Approved