## SHRI BHAVANI SHIKSHAN PRASARAK MANDAL'S

## SHIKSHANMAHARSHIGURUVARYA R. G. SHINDEMAHAVIDYALAYA, BAVACHI ROAD, PARANDA-DIST. OSMANABAD 413502 (MH)

## **Recovery of Lost Library Books Students/ Staff Members**

| Name of the Student/Staff :       |  |
|-----------------------------------|--|
| Registration Id Number:           |  |
| Number of Book (s) Lost:          |  |
| Details of Book (s) :             |  |
| A) Title:                         |  |
| B) Author:                        |  |
|                                   |  |
| D) Cost of the Book Rs.:          |  |
| E) Thrice Price Addition charge : |  |
| F) Late Dues:                     |  |
| G) Total Cost of the Books:       |  |
| Number of Book (s) Lost :         |  |
| Details of Book (s) :             |  |
| H) Title:                         |  |
| I) Author:                        |  |
| J) Accession No:                  |  |
| K) Cost of the Book Rs.:          |  |
| L) Thrice Price Addition Charge:  |  |
| M) Late Dues:                     |  |
| N) Total Cost of the Books :      |  |
|                                   | Registration Id Number:  Number of Book (s) Lost:  Details of Book (s)  A) Title:  B) Author:  C) Accession No:  D) Cost of the Book Rs.:  E) Thrice Price Addition charge:  Number of Book (s) Lost:  Details of Book (s)  H) Title:  I) Author:  J) Accession No:  K) Cost of the Book Rs.:  L) Thrice Price Addition Charge:  L) Thrice Price Addition Charge:  M) Late Dues: |

The Title (s) which is/are mentioned above has been list. I am ready to pay the appropriate charges for recovery. Please accept the payment.

Signature of the student

Librarian
SGRG ShindeMahavidhyalay
OsmanabedParanda, Dist. Osmanabed

Principal SGRG ShindeMahavidhyalayParanda, Dist.

Receipt No. & Date through which amount recovered by the office: