



राष्ट्रीय औषधीय शिक्षा एवं अनुसन्धान संस्थान, रायबरेली
National Institute Of Pharmaceutical Education And Research, Raebareli

पुस्तकालय/Library

BOOK LOST/DAMAGE FORM

USER INFORMATION:

Student Reg. Id. / Employee Code: _____	Course/Deptt. : _____
Name of Student/Staff: _____	Branch: _____
E-mail: _____	Mobile: _____
Date Reported: _____	Signature: _____

LOST / DAMAGED ITEM INFORMATION:

Accession No.: _____	Call No.: _____	Due Date: _____
Book Title: _____		
Author(s): _____		
Edition: _____	ISBN: _____	Type: Hard Bound/ Paper Back
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 days of 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.)** _____
(To be determined by Library)
Signature : _____

PAYMENT TO RECTIFY DAMAGE TO THE BOOK
 I will pay for the cost to rectify damage to the book within 07 days of the date reported.
Cost to rectify damage _____ Signature : _____
(To be determined by Library)

OFFICE USE ONLY

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

<input type="checkbox"/> PAID	Paid Amount (Rs.): _____	Receipt No. : _____	Date: _____
--------------------------------------	--------------------------	---------------------	-------------

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

Library Staff Signature with date: _____
Library Staff Name : _____