

DAYANANDA SAGAR UNIVERSITY
College of Pharmaceutical Sciences
Bangalore - 560 078

Date:

To, The principal
 College of Pharmaceutical Sciences
 DSU-Bangalore

Sir,

Sub: Refund of Library Deposit

I..... student of this college studying

in..... And joined the college during the year..... Under USN/Reg.

No..... Now I have returned borrowed library books on

And I have cleared all the dues and there is no dues to any other departments.

Thanking You,

Y ours faithfully

(Name & Signature of Student)

Address for Correspondence & Contact No.

.....

Bank A/c No.	Name of the Bank/Branch Address	RTGS/IFSC Code	MICR code

For Office use only

Particulars	Rept.#	Amount
1)Library Deposit:		
2) College Deposit:	Rept#	Amount
Total:		
Less dues:		
Refundable balance:		

Cashier

Accountant

Checked by Library

Principal

NOTE: Enclose the following documents

1. Original copy of the Library Deposit receipt
2. Cancelled cheque leaf or Copy of Bank A/C