

DAYANANDA SAGAR UNIVERSITY
COLLEGE OF PHARMACEUTICAL SCIENCES

BAGALORE – 560078

Date:

To,
The Principal
College of Pharmaceutical
Sciences,
Bangalore - 560078.

Sir,

Sub: Replacement of Library book.

I _____ Student/ Faculty member of Dayananda Sagar University studying/ Working in the Dept. of _____ and my USN/ Biometric No. is _____. Now I am replacing the book which was borrowed from library and lost.

BOOK DETAILS:-

Acc. No. :
Author :
Title :

Yours faithfully

(Signature of the user)