



DAYANANDA SAGAR
UNIVERSITY

**LIBRARY AND INFORMATION CENTER
COLLEGE OF NURSING SCIENCES
SCHOOL OF HEALTH SCIENCES, Harohalli-562112**

To,
The Principal
College of Nursing Sciences, DSU
Devarakaggalahalli,
Harohalli - 562112

Date:

Madam,

Sub: Refund of Library Deposit

I _____ student of this college of nursing studying in _____ and joined the college during the year _____ under USN No. is _____. 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,

Yours faithfully

Address for correspondence & contact no

(Name & signature of student)

Bank A/c No.	Name of the Bank & Branch	IFSC Code	MICR Code

For Office use only

Particulars	Receipt No. & Date	Amount
1) Library deposit:		
2) College deposit:		
Total:		
Less dues:		
Refundable balance:		

Cashier

Accountant

Librarian

Principal

Note: Enclose the following documents

- 1. Original copy of the Library Deposit receipt**
- 2. Cancelled cheque leaf or copy of bank account**