



DAYANANDA SAGAR  
UNIVERSITY

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

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Date:

To,

The Principal

Dayananda Sagar University,

School of Health Sciences,

College of Nursing Sciences, Harohalli

Madam / 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)