



DAYANANDA SAGAR
UNIVERSITY

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

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

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Author :
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