



DAYANANDA SAGAR
UNIVERSITY

DAYANANDA SAGAR UNIVERSITY
SCHOOL OF HEALTH SCIENCES
COLLEGE OF PHYSIOTHERAPY
LIBRARY AND INFORMATION SCIENCE HAROHALLI-562112

Date:

To,
The principal
College of Physiotherapy
Dayananda Sagar
University Harohalli
562112.

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 the library and lost.

Book Details :

Acc. No. :

Author :

Title :

Yours faithfully

(Signature of the user)