



INDIRA GANDHI MEMORIAL LIBRARY UNIVERSITY OF HYDERABAD

LOSS OF BOOK(S) - PAYMENT / REPLACEMENT REQUEST

Date : _____

1. Name of the faculty / Student / Research Scholar : _____

2. Course (School / Department) : _____

3. Identity Card No. : _____

4. Number of Book(s) lost : _____

5. Details of Book(s)

1) Title : _____

Author : _____

Accession No : _____ Call No : _____

2) Title : _____

Author : _____

Accession No : _____ Call No : _____

The Title(s) which is / are mentioned above have been lost. I Shall be permitted to pay the appropriate charges for the recovery / replace the same with new copy.

Signature

Forwarded to the Acquisition for further action.

Signature of the Assistant Librarian (Cir.)

Original cost of the book(s) : 1) Rs. _____ 2) _____

Multiplication Factor : 3

4

Total Amount towards Loss of the Title(s) : Rs. _____

Bibliographic details of the replacement copy are matching with the acquisition records

* other comments, if any : _____

Signature of the Assistant Librarian(Acq.)

Total Amount : Rs. _____

Overdue Charges : Rs. _____ (Due Date :) _____

Grand Total : Rs _____

Collected vide Receipt No. _____ Book No. _____ Dated : _____

Signature of the Circulation Assistant

Forwarded to the Acquisition section for necessary recording in Accession register

I/C. Acg. Section

Assistant Librarian (Circulation Section)