

UNIVERSITY LIBRARY
THE NATIONAL UNIVERSITY OF ADVANCED LEGAL STUDIES

LOSS OF LIBRARY CARDS INTIMATION FORM

Full Name (In Block Letters) :

Faculty/Staff/ Student :

Designation (* for Employees only) :

Academic Programme :

No of Library Cards Possessed :

No. Library Cards Lost :

Roll No. :

Undertaking I confirm that the information given above is true to the best of my knowledge, and that I will be solely responsible for any discrepancy discovered at a later point.

Date:

Signature of the Applicant

Office Use Only

No of duplicate cards issued :

Date of Issue :

ASSISTANT LIBRARIAN