



# राष्ट्रीय विज्ञान शिक्षा एवं अनुसंधान संस्थान भुवनेश्वर

National Institute of Science Education and Research Bhubaneswar

## केंद्रीय पुस्तकालय / Central Library

### BOOK LOST/DAMAGE FORM

#### USER INFORMATION:

Name of Student/Faculty/Staff: _____	Roll No. / PF No.: _____
School/Department: _____	Course/Year (If student): _____
E-mail: _____	Phone No. : _____
Date Reported: _____	Signature: _____

#### LOST / DAMAGED ITEM INFORMATION:

Accession No.: _____	Call No.: _____	Due Date: _____
Book Title: _____		
Author(s): _____		
Edition: _____	ISBN: _____	Type: Hard Bound/ Paper Back
Publisher: _____		Year: _____

#### PLEASE TICK MARK (✓) APPROPRIATE OPTION:

<b>BOOK REPLACEMENT</b>
<input type="checkbox"/> I will replace the lost book with an identical book (title, edition, year, etc) within 15 days of the date reported.
Signature: _____
<b>PAYMENT FOR LOST BOOK OR BOOK DAMAGED BEYOND REPAIR</b>
<input type="checkbox"/> I will pay for the replacement cost of the book within 07 days of the date reported.
Cost of the book (Rs.): _____ Plus Processing charge (Rs.): _____ <b>Total (Rs.)</b> _____
<i>(To be determined by Library)</i>
Signature : _____
<b>PAYMENT TO RECTIFY DAMAGE TO THE BOOK</b>
<input type="checkbox"/> I will pay for the cost to rectify damage to the book within 07 days of the date reported.
Cost to rectify damage _____ Signature : _____
<i>(To be determined by Library)</i>

#### OFFICE USE ONLY

Library staff may please be tick mark (✓) appropriate option and give details:	
<input type="checkbox"/> <b>PAID</b> Paid Amount (Rs.): _____ Receipt No. : _____ Date: _____	
<input type="checkbox"/> <b>BOOK REPLACED</b> with same edition. If edition or year differs then give details below:	
Comments:	
Signature with date (SIC-Circulation) _____	SO-C