Application for Duplicate Ticket

Name with initials: ……

Registration Number: EU/IS/…………………………..

Programme of study: MBBS /B.Sc Nursing*

Academic year: 1st   /2nd   /3rd   / 4th   /5th *

Type of Ticket you need: Schedule Ticket /Lending Ticket /Both *

Number of ticket needed: …………………………………..

Reason for Duplicate Ticket:
……
……
……

Date:…………………………………….   ……………………………………………………
                                                               Signature of Applicant

- *Duplicate ticket will not be issued unless valid reason is provided.*
- *In case of lost ticket/s, duplicate ticket will be issued after 2-3weeks of monitoring.*
- *Rs.100 will be charged for each duplicate ticket.*

(Delete inappropriate)*

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Instruction for Library Staff   For Office only

- Issue the ticket immediately/after monitoring for two weeks, with payment/ without payment.

- Attach the payment slip if necessary

………………………………………………………...   …………………………

Senior Assistant Librarian/FHCS   Date