IBSL Library

Application for the refund of the Library Deposit

Name: …….

IBSL Registration No: …………………………………………………….

Library Membership No: ……………………………………………………

Amount: Rs. 2500.00

Date of Payment and Bank: …………………………………………

Paying in slip No: …………………………………………………………….

Payment Details of the Member

Name (as per the bank account): ………………………………………………………………………………….

Bank Name: ……………………………………………………………………………………

Branch Name and Branch code: ………………………………………………………………………….

Account No.: ………………………………………………………………………………….

Please be good enough to refund my library deposit.

Signature of the applicant   ………………………………….   Date …………………………….

For Office Use Only

Any Dues to the Library:

Library card returned/not returned:

Checked by: Date:

Recommended by (Librarian):

Approved by (D/COBAF)