



DAYANANDA SAGAR  
UNIVERSITY

**DAYANANDA SAGAR UNIVERSITY**  
**SCHOOL OF HEALTH SCIENCES**  
**COLLEGE OF PHYSIOTHERAPY**  
**LIBRARY AND INFORMATION SCIENCE HAROHALLI-562112**

Date:

To,  
The Principal  
Dayananda Sagar University  
COPT, DSU

Madam,

**Sub: Refund of Library Deposit.**

I \_\_\_\_\_ student of this collage studying in \_\_\_\_\_  
Joined the collage during the year \_\_\_\_\_ under USN/Reg. No \_\_\_\_\_ now  
I have returned borrowed library books on \_\_\_\_\_ and I have cleared all the  
dues and there is no due to any other departments.

Thanking you

Yours faithfully

Address for Correspondence & contact No.

(Name & Signature of student)

Bank A/c No	Name of the Bank/Brach Address	RTGS/IFSC code	MIRC code

Office use only

Particulars	Rept.#	Amount
1. Library Deposit		
2. Collage Deposit		
Total:		
Less dues:		
a.		
b.		
Refundable Balance		

Cashier

Accountant

Checked by Library

Principal

**Note:** Enclose the following document

1. Original copy of the library deposit
2. Cancelled Cheque leaf or copy of bank a/c