



VERIFICATION [Signature & Seal of HOD]

Date: _____

For Office Use Only

Librarian's Order Number: _____

Date of Enrolment: _____

Library Card Number: _____

Date of Cancellation of Card & the reason thereof: _____

Clearance Certificate issued on: _____

Refund [If any]: _____

Deputy/Assistant Register (Academic)

[Signature, Seal & Date]

Deputy Librarian

[Signature, Seal & Date]