



St Xavier's College (Autonomous)
Fr. Verstraeten Central Library
30 Mother Teresa Sarani, Kolkata -700 016
Phone No: 22551-252
Book Bank Application Form

*Self Attested
Stamp Size
Photo

*Name of the Student.....

*Roll No:*Department.....*Semester.....

Category: Gen/SC/ST/OBC :

*Local Address:

*Mobile :*Email:.....

Permanent Address:.....

I, _____, hereby undertake that if I am given books from the Book Bank, I shall use the same with utmost care; that I shall return the books as soon as the Semester exams end or even earlier if I am asked to do so and that I shall abide by the Rules of the Book Bank.

Date:.....

Signature of the Student

*Mandatory

Recommendation by Vice Principal / Dean / HOD

I certify that the applicant is a student of the College and recommend his/her for availing book bank facility.

Name:.....Designation:.....

Signature:Date:.....

(Office use)

(To be filled in by library staff only)

Membership No:

Date:.....

Signature of the Librarian / Staff

Check List:

1. Copy of the salary certificate of parents
2. Original mark sheet of last exam/ semester
3. Photocopy of Student College ID card.