



**Avinashilingam Institute for Home Science and Higher Education for Women**  
(Deemed to be University under Category 'A' by MHRD, Estd. u/s 3 of UGC Act 1956)  
Re-accredited with 'A+' Grade by NAAC. Recognised by UGC Under Section 12 B  
Coimbatore - 641 043., Tamil Nadu, India

**LIBRARY**  
**Books Lost / Damaged Report Form**

**USER INFORMATION:**

Roll No. : _____	Course/Dept.: _____
Name of Member: _____	Branch: _____
E-mail: _____	Mobile: _____
Date Reported: _____	Signature: _____

**LOST/DAMAGED ITEM INFORMATION:**

Accession No.: _____	Call No.: _____	Due Date: _____
Book Title: _____		
Author(s): _____	Edition: _____	
Publisher: _____	Year: _____	

**PLEASE TICK MARK (✓) APPROPRIATE OPTION:**

<b>BOOK REPLACEMENT</b> I will replace the lost book with an identical book (title, edition, year, etc) within 15 days of the date reported. Signature: _____
<b>PAYMENT FOR LOST BOOK OR BOOK DAMAGED BEYOND REPAIR</b> <input type="checkbox"/> I will pay the penalty as per library rules within 07 days of the date reported. Cost: _____ Dt. of Acquisition _____ No. Years: _____ <b>Recovery Amt. (Rs.)</b> _____ (To be determined by Library) Signature: _____
<b>PAYMENT TO RECTIFY DAMAGE TO THE BOOK</b> <input type="checkbox"/> I will pay for the cost to rectify damage to the book within 07 days of the date reported. Cost to rectify damage _____ Signature: _____ (To be determined by Library)

**OFFICE USE ONLY:**

Library staff may please be tick mark (✓) appropriate option and give details:
<input type="checkbox"/> <b>PAID</b> Paid Amount (Rs.): _____ Receipt No. : _____ Date: _____
<input type="checkbox"/> <b>BOOK REPLACED</b> with same edition. If edition or year differs then give details below:
Library Staff Signature with date: _____
Library Staff Name : _____ I/C (Circulation)