



GC WOMEN UNIVERSITY SIALKOT

Department of Library

Book Lost & Fine Remittance Form

Dated: ____/____/ 20____

Library Incharge
GCWUS, Library

Subject: _____

Dear Sir/Madam,

Sincerely,

Name: _____ Student ID/E-Code: _____ Semester: _____

Program/Designation: _____ Department: _____ Signature: _____

For Office Use Only

Name of the Library: _____

Accession No(s): _____ Book(s) Price: _____

Total Fine Rs. _____ Charged Fine Rs. _____

Circulation Incharge: _____ Signature: _____

Library Incharge: _____ Signature: _____