



BISHOP HEBER COLLEGE LIBRARY

TIRUCHIRAPPALLI – 620 017

Application For Book Bank

Deposit Received

Vide R.No. :

Date :

For Principal

1. Name of the Student :
2. Class :
3. Roll No. :
4. Father's / Guardian's Name :
5. Occupation :
6. Total Annual Income :
7. Mother's Name :
8. Occupation :
9. Total Annual Income :
10. Resident/Non-resident :
(If resident, mention name of hostel)

DECLARATION

I hereby declare that the particulars furnished by me above are true to the best of my knowledge and belief and that I understand the rules and regulations relating to the book bank as found in our college hand-book and promise to abide by the same.

Place : TRICHY

Date :

Signature of the Student

For office use

Recommended

Permitted to use the
Book Bank

Signature of the
Head of the Department

PRINCIPAL