

**GOVERNMENT COLLEGE OF PHARMACY,  
Chh. SAMHAJI NAGAR  
(BOOK BANK FORM)**

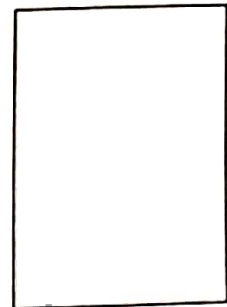
Name of Student:- \_\_\_\_\_

Roll No:- \_\_\_\_\_

Class:- \_\_\_\_\_

Academic Year:- \_\_\_\_\_

Category: - OPEN/SC/ST/NT/VJNT/OBC/SBC \_\_\_\_\_



TO,  
The Principal,  
Govt College Of Pharmacy,  
Chh. Sambhaji Nagar.

Sub: Requisition for the books from Book Bank.

Sir,

Please arrange to issue the available books from the list as below.

Sr. No.	Name of Book	Author

**Enclosures Photocopy of:**

1. Caste Certificate
2. Tuition Fee Receipt (current Year)
3. Last Semester Mark memo
4. CET Score Card (Current Year)
5. Current Year Allotment Confirmation Letter (1<sup>st</sup> & Direct 2<sup>nd</sup> year Student)

Yours Faithfully,

(Name of Student)

