

Date:

To
The Librarian
P.C.C.E,
Verna Goa

Name: _____ - _____

Address: _____

_____.

_____.

Phone: _____ Mobile: _____

Madam,

I the undersigned Mr./Ms. _____ belong to **SC/ST/OBC** (strike out whichever is not applicable) category and would like to avail the Book Bank facilities given by the Library for these students.

Hereby I furnished the details as follow:-

Library Card Number :

Branch :

Year of Admission :

Current Semester :

Last Semester attempted :

Marks obtained (%) :

Kindly do the needful. Thanking you,

Yours faithfully

Signature

**NOTE: 1. Enclose attested copy of Cast Certificate
2. One stamp size photo.**

Photo

