Name (In Capitals)

8.9.10.

Amt. of deposit:

Student's Mobile No: _____



(Affiliated to the University of Madras)

Email ID: Aadhaar No:

Poonamallee - Avadi Main Road, Thiruverkadu, Chennai 600 077. Phone: 044-6124 6124, 7550101114, 96000 94064. www.sacas.ac.in, e-mail: info@sacas.ac.in

BOOK BANK SCHEME APPLICATION FORM

Course	:	Dept. / Branch:	Year	: 1 11 111		
College	e:					
Addres	s of Colleg	e:				
Name o	of the HOD):	Mobile I	No:		
Descri	ption	Name	Mobile No	Office Phone No	Aadhaar No	Address
Father						
Mother						
Guardi	an					
	Part 3- I	Required Book Details:				
S.No		Name of the Book/ Subject			thor	Publication
1.						
2.						
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4.						
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6.						
7.						

Total books received:

I have carefully read the rules & the instruction governing by the Book Bank Scheme Authority & here by Promise to abide by them. I will return all the borrowed Text books immediately on completion of my Exam. The information furnished here in above is true & correct to the best of my knowledge.

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Ma/Mas	the Applicant is a Danefide Student of
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With Seal

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S.A. College of Arts & Science the right to select or Reject the application without giving any reason whatsoever.

- ➤ Copy of the Aadhaar Card, College ID and Fee receipt should be attached with the application form.
- ➤ A non —refundable registration charges of Rs 200/- to be paid with filled in application form.
- ➤ The books should be handled carefully and utmost care. Mutilation, scribbling, marking, cutting pages and damaged condition of the books requires replacement of new book.
- ➤ The books should be returned within one week from the last date of semester / board exams.
- Books will be issued based on availability of the titles.