

RATAN TATA LIBRARY (DULS), DELHI-110007

LOST TICKET FORM

Name: _____

Address: _____

Membership No.: _____

Lost Ticket/ Card No.: _____

Date: _____

I will continue to be responsible for any loss which the Library may suffer through the loss or misuse of my ticket/ card.

Signature: _____

Checking Report:

Receipt No.: _____

Received Duplicate Membership Card/Reader's Ticket.

Date: _____

Signature: _____