

## **College of Dentistry – Reading Room**

## **Book Borrowing Form**

Date of Request:
Beneficiary Name:
Mobile Number:
Academic/Job Number:
Book Name:
DOCK Name:
Dool: Normalian
Book Number:
$\Box$ I hereby acknowledge that I will return the book within 60 days from its borrowed date.
Thereby acknowledge that I will return the book within 60 days from its borrowed date.
Signature: