

Library  
Indian Statistical Institute  
Kolkata

Application for Withdrawal of Library Membership and Refund of Security Deposit

**Chief Librarian**

I request you to kindly cancel my membership of the ISI Library, Kolkata with immediate effect and refund the Library Security Deposit.

**Bank Transfer Mandate Form**

|                            |                                                              |
|----------------------------|--------------------------------------------------------------|
| 1. Membership Type         | ISI Student/Research Scholar/ Ordinary/Life/External Members |
| 2. Name of the beneficiary |                                                              |
| 3. Address                 |                                                              |
| 4. Mobile No               |                                                              |
| 5. Email                   |                                                              |

**6. Particular of the beneficiary's Bank Account**

|                                         |                    |
|-----------------------------------------|--------------------|
| 6.1. Bank Name                          |                    |
| 6.2. Address                            |                    |
| 6.3. RTGS/NEFT/IFSC Code                | 6.4 MICR           |
| 6.5 Account Type: SB Account<br>Current | 6.6 Account Number |

1. I have/have not attached my Library Card
  2. I have attached/have lost the original fee receipt containing the amount of Security Deposit paid for the Library Membership
- [Strikeout whichever is not applicable]**

I, hereby authorize the Institute to deduct any amount dues due to loss/damage/mishandling of Library documents and/or non-payment of library fine etc from the Security Deposit.

**I, hereby declare that the particulars given above are correct and complete. If the transaction is inappropriate at all for the reasons of incomplete or incorrect banking information, I would not hold the Institute responsible.**

\_\_\_\_\_  
Signature of the Member

\_\_\_\_\_  
Date

## For Office Use

1. This is to certify that the following amount was deposited as Security Deposit

| Receipt No | Receipt Date | Amount |
|------------|--------------|--------|
|            |              |        |
|            |              |        |
|            |              |        |

2. This is to confirm that the above named member has no outstanding item(s) or fines, and has a clear library account. Library Security Deposit Rs \_\_\_\_\_ may be refunded
3. This is to confirm that the above named member has following dues, which may be deducted from the Security Deposit.

|                                              |  |
|----------------------------------------------|--|
| Library Fines                                |  |
| Loss/damage/mishandling of Library documents |  |

The remaining amount Rs. \_\_\_\_\_ may be refunded.

\_\_\_\_\_  
Checked & Issued by  
Circulation Unit

\_\_\_\_\_  
Chief/Deputy Librarian

Date:

Date: