



**ARKA JAIN UNIVERSITY**

**LIBRARY FINE WAVE OFF FORM**

**STUDENT/FACULTY**

<b>Details</b>	
Name	
Enrolment No	
Course/Programme/School	
Session	
Contact No	
Email. ID	
Fine wave of reason (Document attached)	
Comment (HOD/DEAN/ COORDINATOR)	

<b>Details of Books/Circulation</b>	
No. of Books	
Accession No.	
Issue Date	
Due Date	
Return Date	
Total Fine	
Book(s) Condition	

**Signature of Student/Faculty**

.....

Remarks (if any):.....

**Forwarded to Authority for Approval**

Registrar	Vice -Chancellor

**N.B: Submit your formal application describing the justified reason for fine wave off.**