



**GOVERNMENT OF MAHARASHTRA**  
**ISMAIL YUSUF COLLEGE OF ARTS, SCIENCE AND COMMERCE**  
**JOGESHWARI (EAST), MUMBAI - 400 060.**

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**To**

**The Respected Principal/**

**The HoD: \_\_\_\_\_ Dept/ Payment Committee/ Payment Desk**

I.Y.College, Mumbai-60.

This is to certify that Mr. / Ms. \_\_\_\_\_, Dept \_\_\_\_\_,

has returned the Library books in his/ her name. There is no pending book in his/ her Library Account.

Date: \_\_\_\_\_ (\_\_\_\_\_)

Librarian, IYC



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