

Passport size  
Photograph

**C.U.SHAH POLYTECHNIC – SURENDRANAGAR  
LIBRARY DEPARTMENT  
LIBRARY MEMBERSHIP FORM (STAFF)**

**(For Office Use Only)**

**To,  
The Principal  
C.U.Shah Polytechnic  
Surendranagar**

**Sir/Madam,**

**Kindly enrol me as a member of the Institute Library. I mention below all my relevant particulars. I promise to abide by the library rules which may be applicable from time to time.**

**(1) Name in Full :** \_\_\_\_\_

**(2) Designation :** \_\_\_\_\_

**(3) Date Of Birth :** \_\_\_\_\_

**(4) Category : SC/ST/OBC/General/**\_\_\_\_\_

**(5) Department :** \_\_\_\_\_

**(6) Date of Joining :** \_\_\_\_\_

**(7) Present Local Address.:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(8) Mobile No.:** \_\_\_\_\_

**(9) Residential Permanent Add.:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(10) E-mail Id. :** \_\_\_\_\_

**(11) MIS Code :-** \_\_\_\_\_

**I certify that the information given above to correct to the best of my knowledge.**

**Thanking you.**

**Through :-  
Signature Head of Department**

**Approve Principal**

**Yours Faithfully,**