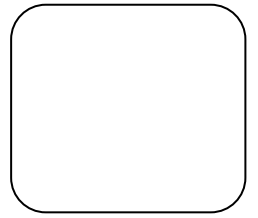


CHHOTUBHAI GOPALBHAI PATEL INSTITUTE OF TECHNOLOGY

Gopal Vidyanagar Mahuva Tarsadi Road, Bardoli-394350



Member Code: _____
(Office Use only)

Employee ID No _____
Deposit Amount _____

To,
The Director,
C G Patel Inst. Of Technology
Gopal Vidyanagar,
Bardoli-394350

Receipt No: _____ Date: _____

Sir,

I Undersigned an employee of the Bardoli Pradesh Kelavani mandal beg to apply for membership of the C G Patel Institute of Technology library. I agree to comply with all the rules & regulation of the library and make a good any loss or damage to books etc. in carry though any act or negligent on my part.

Personal Information:

Mr. \Mrs. \Ms.: _____
(BLOCK LETTER ONLY) SURNAME NAME FATHER NAME

Date of Birth: _____
(DD/MM/YY)

Academic Information:

Institution/Department: _____

Course/Programme: _____, Designation: _____

Members Contact Information:

Resi. Address: _____

City: _____, Pin No: _____

Phone No: _____, Mobile No: _____

Email: _____

Above all information is true to the best of my knowledge and belief.

Date: _____

(Signature of Applicant)

Office use only:

Membership No: _____, ID No: _____

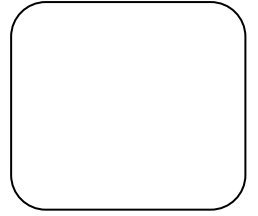
Effective Date: _____, To: _____
(DD/MM/YY) (DD/MM/YY)

Recommended for enrolling Mr.\ Ms. _____ of our
Institute as a member of CGPIT Library.

Librarian:

Sign of Principal/Director
College Stamp

CHHOTUBHAI GOPALBHAI PATEL INSTITUTE OF TECHNOLOGY
Gopal Vidyanagar Mahuva Tarsadi Road, Bardoli-394350



Member Code: _____
(Office Use only)

Employee ID No _____
Deposit Amount _____

To,
The Director,
C G Patel Inst. Of Technology
Gopal Vidyanagar,
Bardoli-394350

Receipt No: _____ Date: _____

Sir,

I Undersigned a Student of the Bardoli Pradesh Kelavani mandal beg to apply for membership of the C G Patel Institute of Technology library. I agree to comply with all the rules & regulation of the library and make a good any loss or damage to books etc. in carry though any act or negligent on my part.

Personal Information:

Mr. \Mrs. \Ms.: _____
(BLOCK LETTER ONLY) SURNAME NAME FATHER NAME

Date of Birth: _____
(DD/MM/YY)

Academic Information:

Institution/Department: _____

Course/Programme: _____, Class: _____

Members Contact Information:

Resi. Address: _____

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Date: _____

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GENERAL RULES FOR THE USERS

1. In a Library, Please work silently
2. Smoking and eating is prohibited
3. Users are requested to avoid talking or discussion that will disturb other readers. Reading hall is meant for individual apply only.
4. Library walls, furniture and reading materials our belonging not to be soiled.
5. In a Library keep your mobile on silent mode.

Book issue policy

No.	User Category	No of Books	No of Days	Fine (due)/per day per book
1	Graduate Student	03	15	Rs. 10.00 max. for 15 days
2	Teaching Staff	10	30	-
3	Non-teaching	05	30	-

- Reference, reserve and journals are not to be issued.
- Six month back issues of periodicals will be issued to faculty for three days/one week.

Please help Library creating good record:

- Sign the library visitors register kept at the check point, property counter, while entering the library.
- Show the documents, which are being taken, out of the library, to the staff at the check point / property counter.
- Contact the staff on duty for any queries.