



ZEAL EDUCATION SOCIETY'S
ZEAL POLYTECHNIC, PUNE
Sr.No-39, Narhe, Pune-41



Record No:-Zeal Poly-LIB/R/04

Revision-00

Date:-

BOOK BANK FORM

Date:

Name: _____

Address: _____

Phone No: _____

Branch: _____

Caste: _____ **Div:** _____

All the Students are hereby informed that Books are issued for one Semester in first instance. Students are requested to take care of every book while in their possession & make no mark, underline or note on the pages.

If during in period of issuing to book bank, any book is lost or damaged library authority will recover from the borrower a sum equal to the cost of obtaining another copy of the book.

Sr. No	Title	Author	Accession No	Signature
1				
2				
3				

Librarian



ZEAL EDUCATION SOCIETY'S
ZEAL POLYTECHNIC, PUNE
Sr.No-39, Narhe,Pune-41



Record No:-Zeal Poly-LIB/R/5

Revision-00

Date:-

BOOK REQUISITION/ RECOMMENDATION FORM

I recommend the following Books/ Journals/ Non Book Material related/ Non related to my subject to be purchased for our Library.

Sr. No	Title	Author	Publisher	No. of Copies	Price	Remark
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Recommended By: _____

Department : _____

Signature: _____

Date: _____

Note/Remark:- _____

Librarian _____



ZEAL EDUCATION SOCIETY'S
ZEAL POLYTECHNIC, PUNE
Sr.No-39, Narhe,Pune-41



Record No:-Zeal Poly-LIB/R/1

Revision-00

Date:-

LIBRARY MEMBERSHIP FORM-STUDENT

Name : _____

SURNAME

FIRST NAME

MIDDLE NAME

Gender : Male/ Female

Blood group : _____ e mail-id _____

Branch/ Department : _____

Year : _____ class : _____

Date of birth: _____

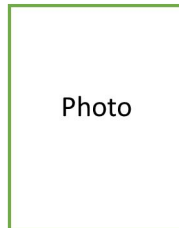
Local address: _____

_____ City: _____

Permanent address : _____

Student mobile no: _____ Parents phone no: _____

Caste : _____



Date: _____

Student sign: _____

FOR LIBRARY USE ONLY

Library membership no: _____

ZPRN no: _____

Librarian sign : _____



ZEAL EDUCATION SOCIETY'S
ZEAL POLYTECHNIC, PUNE
Sr.No-39, Narhe, Pune-41



Record No:-Zeal Poly-LIB/R/02

Revision-00

Date:-

LIBRARY MEMBERSHIP FORM-STAFF

To

The Director,

ZEAL POLYTECHNIC COLLEGE

Narhe, Pune- 411041

Sir/ Madam,

I, the undersigned Faculty Member of this college would like to avail college library facilities.

As per my knowledge and believe following information is true. I will abide rules and

Regulations of the Library.

Name : _____

(SURNAME)

(FIRST NAME)

(MIDDLE NAME)

Department : _____ Qualification _____ Designation _____

Permanent Address : _____

_____ City: _____

Pin Code: _____

Staff Category: Teaching/Non Teaching

Blood group : _____

Date of Birth : _____

Mobile No: _____

Alternate Phone No : _____

Gender : Male/ Female _____

Personal E- Mail ID : _____

Joining Date: _____

College E-Mail ID : _____

Sign: _____

FOR LIBRARY USE ONLY

Library Membership No : _____

ZPRN No : _____

Librarian Sign: _____





ZEAL EDUCATION SOCIETY'S
ZEAL POLYTECHNIC, PUNE
Sr.No-39, Narhe, Pune-41



Record No:-Zeal Poly-LIB/R/06

Revision-00

Date:-

LIST OF BOOKS TO BE PURCHASED

Department : _____ Semester : _____ Date: _____

Sr. No.	Title	Author	Publication	No. of Copies
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Total:

Total No. of Titles	
Total No of Volumes	



ZEAL EDUCATION SOCIETY'S
ZEAL POLYTECHNIC, PUNE
Sr.No-39, Narhe, Pune-41



Record No:-Zeal Poly-LIB/R/8

Revision-00

Date:-

DUPLICATE IDENTITY CARD FORM: STAFF

To,
The Principal
Zeal Polytechnic
Narhe, Pune-41

Date: _____

Subject: Request to Issue the Duplicate Identity Card.

Respected Sir,

I undersign _____ is working as
_____ In _____ department.

My Zeal Permanent Registrar Number(ZPRN) is _____

I lost my college Identity card (Reason) _____

If Change In...

Name: _____

Address: _____

Designation: _____

Mo.No: _____

So I request you to kindly issue me a duplicate Identity card for the same. I am responsible for any misuse of my lost Identity card & I assured you if I Found my original I-card; I will be return it in our Library.

Thanking You.

Yours faithfully,

(Sign of Applicant)

(Sign of H.O.D.)



ZEAL EDUCATION SOCIETY'S
ZEAL POLYTECHNIC, PUNE
Sr.No-39, Narhe, Pune-41



Record No:-Zeal Poly-LIB/R/7

Revision-00

Date:-

DUPLICATE IDENTITY CARD FORM: STUDENT

To,
The Principal
Zeal Polytechnic
Narhe, Pune-41

Date: _____

Subject: Request to Issue the Duplicate Identity Card.

Respected Sir,

I undersign _____ is the student FY/SY/TY
_____ In _____ department.

My Zeal Permanent Register Number(ZPRN) is _____

I lost my college Identity card (Reason) _____

If Change In...

Name: _____

Address: _____

Designation: _____

Mo.No: _____

So I request you to kindly issue me a duplicate Identity card for the same. I am responsible for any misuse of my lost Identity card & I assured you if I Found my original I-card; I will be return it in our Library.

Thanking You.

Yours Faithfully,

(Sign of Applicant)

(Sign of H.O.D.)