ODISHA GOVERNMENT POLYTECHNIC TEACHERS' ASSOCITION

Membership Application Form

1)	Name	
,		Space for
2)	Father / Husband's name	Photograph
3)	Permanent Address	
	Ph/E-mail	
4)	Date of birth	
5)	Name of the institution presently working at	
	Present designation Discipline	
	Date of joining to the present post	
6)	Name of the previous polytechnic working at	
	Designation Discipline	
Date of joining		
Declaration& Undertaking		
I do here by declare that I am not associated with any other state level polytechnic teachers'		
organisation.		
I do here by undertake that I shall abide by all the rules of the constitution as well as decisions		
of the association mandatorily.		
	Date	
	Signature of	of the Applicant
Recommendation of the Unit regarding membership		
Date	Signature of the Unit Secre	tary with Seal.
The matter of membership was discussed in the working committee held on Dt		
Date	Signature of the Gen. Secretary wit	h Seal.
The membership was approved by the State Level Committee held on Dt		

Signature of the President