APPLICATION FOR THE POST OF LIBRARIAN/ASST.PROFESSOR IN PROVINCIALISED COLLEGES

Photograph

REF. ADVERTISEMENT No……dtd……
Published in the……on……

To,

The Principal ……..

……..

1.	Name of the College for which application submitted.					
2.	Post for which application submitted	Librarian / Asst. Professor Subject……				
3.	Name of the candidate in Block Capital letter					
4.	Name of Father/Mother/Husband Tick the appropriate word in regard to relation	Relation: 1.Father 2.Mother 3.Husband				
5.	Category, tick the appropriate serial no.	1.General 2.OBC/MOBC 3.SC 4.STP 5.STH 6.Differently able				
6.	Present address of the candidate (Write your complete address with PIN no.)					
7.	Permanent address, if permanent and present address are same written "do"					
8.	Phone No. for contact					
9.	Your mail id which will be used for communication					
10.	Age on 1st January, 2026 attach your HSLC admit card/birth certificate (it is must)	YY MM DD				
11.	Are you employed? Where? State the organization and the post you hold there.					
12.	Whether you are applying through NOC from the Present employer? Enclose NOC from Present Employer					
13.	Educational Qualification	Please fill in the Annexure A				
14.	Experience in terms of number of years (at least 11 months in an academic year will be accepted as 1 year of experience). Attach clear certificate indicating months and years to this effect.					
15.	Are you Proficient in Local language? Tick the appropriate column	Yes:		No:		
16.	Are you Indian National, if so, how?					
17.	Attach your certificate for the Reserved category from appropriate authority.					
18.	Details of Application Fee paid.					

Date:

I hereby certify that the particulars stated above are true and nothing has been concealed. If anything is detected contrary to what is stated above, my candidature is liable to be cancelled.

Signature of Candidate in full

Annexure A

Details of Educational Qualifications

Attach this annexure at the top of the testimonials just below the Application Form with photocopies.

Give a serial no. on the copies and indicate the serial no. in the last column

Sl. NO.	Particular	Name of Board/ University	Year of Passing	Division secured	Percentage of Marks obtained by you	Sl no. of the document in the bunch of documents submitted by you. (Give serial no. to each document you submit)
1.	High School Leaving Certificate Examination					
2.	Higher Secondary Examination(+2level)					
3.	BA/BSc/BCom. Examination					
4.	Master'sDegree					
5.	Ph.D./M.Phil.		Date of Notification from the University	Not applicable	Not applicable	
6.	NET					
7.	SLET					
8.	Other Qualifications					

Details of Research Publications:

1.
2.
3.
4.
5.

Experience:

SL NO	Name of the Institute	From ……..to ……. Specify period of teaching	Status of the Institute whether Affiliation from University received Or not
1			
2			

Signature of Candidate

NB:

Fill up the Form legibly and use CAPITAL letters

Use additional sheets for indicating research activities, if required