



विद्ये वेद्ये परमपरे

**ANUNDORAM BOROOAH INSTITUTE OF LANGUAGE, ART & CULTURE, ASSAM
NORTH GUWAHATI, GUWAHATI- 30**

APPLICATION FORM FOR LIBRARIAN & LIBRARY PROFESSIONAL ASSISTANT (Direct Recruitment)

a) **ADVERTISEMENT NO. & DATE:**.....**POST NO**.....

b) **NAME OF THE POST APPLIED FOR :**.....

c) **CATEGORY OF THE APPLICANT**
(attested copy of certificate to be
submitted Except For **UR**)

UR	SC	ST	OBC

Details of fees paid and enclosed: Demand Draft No.....

Amount:`**Date**.....**Bank:**.....**Branch**.....

1. Name in full (in block capital letters):

2. Father's name:

3. Permanent Address :

PIN.....Contact phone no.....

4. Address for communication:

PIN.....Contact phone no.....

Email id.....

5. Date of birth in Christian era :

6. Age on the last date of application (that is :.....) :

7. Nationality :

8. Religion :

9. Sex :

10. Category (SC/ST/OBC) (Please attach copy of certificate) :

11. Details of Academic Qualifications (Please enclose attested photocopies) :

Exam. Passed	Year of Passing	Division/ Class	Percentage of marks	Name of the Board/University	Rank and Remark, if any
Matriculation/HSLC					
PU/HSSLC					
B.A					
BLIS					
MLIS					

12. Subject in Master's degree :

13. Field of specialization in Master's degree :

14. Details of past services in autonomous Institutions etc. (please enclose supporting documents):

Items	Post-I	Post-II	Post-III	Post-IV	Post-V	Post-VI
Name of the Post held						
Name of the Institution						
Period(from....to.... .=year...,Month.....da ys)						
Scale of PayPay band/ Band Pay/AGP, as applicable						
Temporary/Permanent / Ad-hoc etc.						
Nature of duties						
Minimum Qualification Required						
Remark, if any						

15. Present position held with date:

16. Present Pay Band, Band Pay and AGP :.....

17. Effective date of present Pay Band, Band Pay and AGP :.....

18. Name of the employer, with address :.....

PIN.....Contact phone no.....

Email id.....

19. Names of two referees not related to the applicant:

a)

Contact phone no.....Email id:.....

b)

Contact phone no.....Email id:.....

20. Declaration :

I hereby declare that I have carefully read and understood the instructions and regulations referred here in and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

Signature of the applicant

Date:

Name in full:.....

Place :.....

Designation/Department:.....

Address:.....