

ANNEXTURE-II

Format of Application Form for the post of Librarian in Town/Sub-Divisional Libraries

(To be filled by the Applicant)

To,
The District Magistrate & Chairman, Local Library Authority,
Paschim Medinipur.

Affix recent
passport size
photograph
with cross self-
signed

Sub. - Application for appointment to the post of Librarian in Govt. Sponsored Town/Sub-Divisional Libraries under the control of Local Library Authority, Paschim Medinipur.

Sir/Madam,

In response to your advertisement No. 01/2022 published in the district website www.paschimmedinipur.gov.in dated 20.06.2022, I beg to offer myself as a candidate for the post of Librarian in Govt. Sponsored Town/ Sub- Divisional Libraries in Paschim Medinipur. My particulars are given below:

1	Name of the applicant (In Block letters)	:	
2	Name of Father/Guardian	:	
3	Present address	:	
4	Permanent address	:	
5	Nationality	:	
6	Gender	:	
7	Category (UR/SC/ST/OBC-A/OBC-B/EC)	:	
8	SC/ST/OBC-A/OBC- B/EC Certificate Number and Issuing authority with Date.	:	
9	Religion	:	
10	Date of Birth	:	
11	Age as on 01.01.2022	:	Year: Month: Days:
12	Valid Mobile Number	:	
13	Valid E-mail ID	:	
14	Aadhar Number/EPIC NO.	:	
15	Marital status	:	

16) Whether the Name is Registered in the Employment Exchange Office or Not :

If yes give the Name of Employment Exchange Office.....

Employment Exchange Registration No.....and date of Registration.....

17) Qualification:

a) Academic Qualification:

Sl. No.	Name of the Examination passed	Name of the Board/Council/Institution/ University	Year of Passing	Full Marks	Total Marks Obtained	% of Marks

b) Professional Qualification:

Sl. No.	Name of the Examination passed	Name of the Board/ Institution/ University	Year of Passing	Full Marks	Total Marks obtained	% of Marks

18) Details of Qualifications related to knowledge in Computer:

Sl. No.	Name of the Institution	Name of the Course	Year of Passing	Duration of Course	Full Marks	Marks Obtained/Grade

19) Experience (Applicable only for full paid employee in a particular Library):

Sl. No.	Name of the Post/ Job Description	Name of the Institution/ Office	Scale of Pay	Date of Joining/ entry	Date of Leaving, (if any)	Length of service	Reason for Leaving (if any)

20) Other Information, if any.....

21) Declaration: I hereby declare that the statements made in this application are true, complete and correct to the best of my knowledge and belief and in the event of any information found false, in due course of time, my candidature is liable to be cancelled.

Place:

Yours faithfully,

Date:

Full Signature of the Candidate