

পশ্চিমবঙ্গ সরকার
জেলা গ্রন্থাগার আধিকারিক অফিস, পশ্চিম মেদিনীপুর,
ডি.আর.ডি.এ. বিল্ডিং(৩য় তল), জিলা পরিষদ ক্যাম্পাস, মেদিনীপুর - ৭২১১০১
ফোন : ০৩২২২-২৭৩৮০৪

পত্রাঙ্ক নং-১১৩/মিড এল এস

তারিখ: ১৩.০৩.২০১৮

বিজ্ঞপ্তি

পশ্চিম মেদিনীপুর জেলার সরকার পোষিত গ্রামীণ গ্রন্থাগারে অবসরপ্রাপ্ত গ্রন্থাগারিকদের চুক্তিভিত্তিক নিয়োগের জন্য নিম্নস্বাক্ষরকারীর দপ্তরে আবেদনপত্র গ্রহন করা হচ্ছে। পদের সংখ্যা ২৩টি। আবেদনপত্র নিম্নস্বাক্ষরকারীর দপ্তরের Drop Box তে জমা দেওয়ার শেষ তারিখ ০৫.০৪.২০১৮, বিকাল ৫:৩০ পর্যন্ত। বিস্তারিত জানার জন্য www.paschimmedinipur.gov.in.

স্বাক্ষর
জেলা গ্রন্থাগার আধিকারিক, পশ্চিম মেদিনীপুর

NOTICE

Govt. of West Bengal
Office of the District Library Officer, Paschim Medinipur,
DRDA Building, 2nd floor, Zilla Parishad Campus, Midnapore , PIN-721101
Phone and FAX: (03222) 273804
E-mail ID: dlopaschimmedinipur@gmail.com

Memo No.: 113/ Mid L.S.

Date:- 13.03.2018

Applications are invited from retired Librarians aged below 64 years as on 28.02.2018 & will retire from service up to 28.02.2018 for contractual appointment of retired librarian for the post of Librarian in Govt. Sponsored Rural Library in Paschim Medinipur District. Total No of post 23.

Last date of submission of application is 05.04.2018 and applications are to be submitted to the drop box of Office of the District Library Officer, Paschim Medinipur, DRDA Building (2nd floor), Zilla Parishad Campus, Midnapore , PIN-721101.
For detail please visit www.paschimmedinipur.gov.in.

13/03/18
District Library Officer
Paschim Medinipur

Application for contractual appointment of retired Librarian for the post of Librarian in Govt. Sponsored Rural Library in Paschim Medinipur District

To: The District Library Officer, Paschim Medinipur,
DRDA Building (2nd floor), Zilla Parishad Campus, Midnapore , PIN-721101

Paste
Passport Size
Photograph of
Candidate
here

Sub : Prayer for contractual appointment of retired Librarian for the post of Librarian in Govt.
Sponsored Rural Library in Paschim Medinipur District

Sir,
My Bio-Data is furnished below for your kind consideration for re-engagement on contractual basis.

1. (a) Name in Full :
(in capital letters)
- (b) Father's /Husband's Name :
- (c) Marital Status :
(Single /Married / Divorced)
- (d) Gender :
(Male / Female)
- (e) Citizenship :
- (f) Religion :
- (g) Category :
(SC/ST/OBC/General)
(Attach self-attested copy of Certificate for SC/ST/OBC)
- (h) Date of Birth :
(Attach self-attested copy of Birth proof Certificate)
- (i) Age as on 28.02.2018 :
2. (a) Permanent Address :
(with PIN) (As per PPO)
- (b) Correspondence Address :
(with PIN)
- (c) Phone No :

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(with STD code)
- (d) Mobile No:

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- (e) E-mail ID:
3. Date of superannuation:

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4. Total emoluments in last month being drawn :
- (a) BP
- (b) GP
- (c) Pay Band
- (d) Scale of Pay

5. If selected, how much time would be needed to join?

6. Additional Remarks:
(Mention here any special qualification or experience, not included above)

7. Details of Educational Qualification:
(Attach self-attested copy of all Certificates)

| SI No. | Name of the Board, University or Institute | Examination, Degree or Diploma passed | Distinction, Class or Division | Year of passing | Total Marks | Percentage of Marks |
|--------|--|---------------------------------------|--------------------------------|-----------------|-------------|---------------------|
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8. Details of Employment (in reverse chronological order)

| SI No | Full Name of Library | Post held and Type of Employment (Regular, Temporary, Permanent or Contact) | Period of Employment | | Period of employment in Years/ Months | Pay Scale | Gross Monthly Emoluments | Remark |
|-------|----------------------|---|----------------------|---------------|---------------------------------------|-----------|--------------------------|--------|
| | | | From (DD/MM/YY) | To (DD/MM/YY) | | | | |
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9. Physical fitness :
(For recognized Govt. Medical Practitioner)

Yes/No

10. Whether any Departmental Proceedings Drawn against .If yes, whether any penalty imposed:

Yes/No

I do hereby declare that I have carefully read and understood the requirements and instructions advertised, and that all the entries made in this form are true to the best of my Knowledge and belief.

Enclo: 1. Copy of PPO
2. Character Certificate

Yours faithfully,

(Signature of applicant)

Date & Place