

THE MUSLIM EDUCATIONAL SOCIETY (REGD.), CALICUT

Form2

Application for the post of Librarian (UGC)

[As per the Notification No.MES/AC/E-02/2020 dated 12/02/2020]

| | | | | |
|----------------------------------|--|--------------|--|---|
| Details of Application fee paid: | | | | Affix recent passport size photograph |
| DD No. & Date | | Amount (Rs.) | | |
| Bank & Branch | | | | |

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|-------|--|----------------------------------|---|---|---|----------------------------|--------------------------------|---|------------------------------|------------|-----|----------------|-------------------|--|--|--|--|--|
| 1. | .Name (as in 10 th std certificate) [in block letters] | | | | | | | | | | | | | | | | | |
| 2. | Father's Name | | | | | | | | | | | | | | | | | |
| 3.(a) | Permanent Address: | 3.(b) Address for communication: | | | | | | | | | | | | | | | | |
| 4. | Pincode: | | | | | Pincode: | | | | | | | | | | | | |
| | .Date of Birth | d | d | m | m | y | y | y | y | Sex | M/F | Marital Status | Married/Unmarried | | | | | |
| 5. | .Phone No. | STD Code | | | | | | | | Mobile No. | | | | | | | | |
| 6. | Religion | | | | | Specify whether belong to: | SC/ST <input type="checkbox"/> | | OBC <input type="checkbox"/> | | | | | | | | | |

7. Educational Qualifications

| Sl No | Name of Exam Passed | Subject | Name of Board/ University | Yr. of passing | % of marks | Rank (if any) |
|-------|---------------------------|---------|---------------------------|----------------|------------|---------------|
| a. | SSLC/10 th Std | | | | | |
| b. | Plus Two | | | | | |
| c. | Degree | | | | | |
| d. | Post Graduation | | | | | |
| e. | M. Phil. | | | | | |
| f. | Any other(s) | | | | | |

| | | | | |
|----|------|-----------------|---------------|----------------------------------|
| g. | Ph.D | Title of Thesis | Date of Award | Name of the Institute/University |
| | | | | |

| | | | |
|----|--------|--------------------|----------------|
| h. | | Date of qualifying | Certificate No |
| | a) NET | | |
| | b)JRF | | |

8. Work Experience:

| Sl. No | Name of Institution | Period | | Contract/ Guest | Regular/ Approved |
|--------|---------------------|--------|----|-----------------|-------------------|
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

9. Research publication in refereed academic journals(attach details as in the below given format)

(a). State level..... (b).National level..... (c). International Level.....

| Sl No | Are you the first author? | Your position in sequence of Authors | Title of the paper | Name of Journal, year of publication, volume page no etc: | ISBN/ ISSN No: | Level State/national /International | Impact factor |
|-------|---------------------------|--------------------------------------|--------------------|---|----------------|-------------------------------------|---------------|
| | | | | | | | |

10. Research Publications.(Books, Chapter in books, proceedings, etc.)

| Sl No | Are you the Principal author | Your position in Sequence of Authors | Title of the Book | Title of Chapter | Year of Publication | ISBN/ ISSN No: |
|-------|------------------------------|--------------------------------------|-------------------|------------------|---------------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

11. Paper presentations in Seminar/Symposium /workshop etc: (attach details separately

(a). State level..... (b).National level..... (c). International Level.....

12. Awards/Achievements (if any):

13. Co-curricular activities:

14. Membership in professional bodies:

15. Extension/Consultancy activities initiated(if any):

Declaration

I hereby declare that the information furnished above is true to the best of my knowledge and belief.

Place:

Signature:

Date:

Name:

Note: Attach self-attested photo copies of mark lists/certificates.