

THE MUSLIM EDUCATIONAL SOCIETY (REGD.), CALICUT

Application for the post of Librarian (UGC)

Notification No & Date:

Details of Application fee paid			
DD No. & Date		Amount (Rs.)	
Bank & Branch			

Affix recent passport size photograph

1.	Name as in school records: [in block letters]																						
2.	Father's Name																						
3.(a)	Permanent Address:	3.(b) Address for communication:																					
	Pin code:																						
4.	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.									Email ID:				
6.	Religion					Specify whether belongs 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					
b.	Plus Two					
c.	Degree					
d.	Post Graduate					
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.....

SI 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.)

SI 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 and other documents.