**A P P L I C A T I O N F O R M A T**

**For the Post of “LIBRARIAN”**

**at Institute of Hotel Management, Catering Technology & Applied Nutrition, Goa.**

**Post Applied for : ………………………………………………………**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name of Candidate(in Capital letters) |  | A recent Passport sized colored Photograph to be pasted here and Signed Across |
| 2. | Date of Birth | Day | Month | Year  | Age as on**14.01.2020** |
|  |  |  |  |
| 3. | Father’s Name/Husband’s Name |  |
| 4. | Nationality |  |
| 5. | Gender (Male/Female) |  |
| 6. | Marital Status | Married Single |
| 7. | Category(Please tick in appropriate box) | Gen | SC | ST | OBC |
|  |  |  |  |
| 8. | Address with Pin Code | Correspondence | Permanent |
|  |  |

|  |  |  |
| --- | --- | --- |
| 9. | Tel. No. |  |
| 10. | Mobile No.  |  |
| 11. | E-mail Id. |  |
| 12. | Educational Qualifications : (in ascending order) **(All testimonials to be attached)** |
| SI. | Name of the Exam passed | Name of the Board/NCHMCT/ IGNOU/SBTE/ University | Year of passing | % of Marks up to two decimals |
| a) | 10th |  |  |  |
| b) | 12th |  |  |  |
| c) | Graduation (Please specify Stream) |  |  |  |
| d) |  **\*** Degree in Library Science from a Recognised University or Graduate with Diploma in Library Science from Recognised University  |  |  |  |
| e) | Masters (Please specify Stream) |  |  |  |
| f)  | Any other relevant |  |  |  |

***\**** *Strike off which is not necessary*

|  |  |
| --- | --- |
| 13 | Work Experience (in chronological order beginning from the present job): **(copy of documents to be attached)** |
| SINo. | Designation & Pay Scale | Organization | Period of service | Reason for leaving the job |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

14. Present post with scale of pay & pay drawn : …………………………………………………………….

15. Disclosure about past disciplinary proceedings, if any ………………………………………..……….

……………………………………………………………………. (Add additional sheets if required.).

16. Details regarding legal detention / conviction if any : ………………………………………………….

…………………………………………………………….………………. (Add additional sheets if required.).

17. Any other information desired to be furnished …………………………………………….……… (Add additional sheets if required.).

**Place :**

**Date : (Signature of the applicant)**

**……………………………………………………………………………………………………………………….......**

**Declaration**

I hereby declare that all the particulars furnished by me in this application are true to the best of my knowledge and belief. If any of the information / particulars furnished by me is found to be false at any stage, I am aware that my candidature / selection is liable to be rejected / cancelled by the appropriate authority without assigning any reason.

Place :

Date : (Signature of the applicant)

 Name :……………………..……………

***Note*** *: (i) Please use additional sheets for item 12 and 13, if required.*

*(ii) This application form without enclosure of self certified supported documents /*

*testimonials as mentioned above shall be treated as invalid.*