

# APPLICATION FORM FOR DEPUTY LIBRARIAN

### FOR OFFICE USE ONLY

**Application No:** 

**Received on (date):** 

Total no. of pages received:

Name & Sign. of dealing official:

PASTE HERE A SIGNED COPY OF YOUR RECENT PASS-PORT SIZE PHOTOGRAPH

#### NOTE:

- i. The application form should be filled in properly and completely.
- ii. Self-attested copies of all Certificates/Testimonials should be attached with the original application form only. Originals will have to be shown at the time of the interview.
- iii. The application should be accompanied by the Bank Draft of the prescribed application fee for their respective category.
- iv. Persons in employment should send their applications through their employer. They may however, send a copy in advance, but it must be on the prescribed form and accompanied by prescribed application fee, copies of certificate/testimonials etc.
- v. Only eligible candidates should apply for the position/Post (Candidate must be eligible on the last date of submission of Application Form).
- vi. Use separate form for each position/post.
- vii. Prescribed qualification and instructions may be seen on the University website <u>www.svsu.ac.in</u>
- viii. Weightage of only those documents shall be counted whose copies are attached.
- ix. Application not supported with required application fee, self-assessment Performa for their respective position/post applied, self-attested copies of certificates/testimonials will be rejected.
- x. No application/documents shall be accepted after the expiry of last date of the receipt of application forms. Incomplete form and those received after the expiry of last date will not be entertained and will stand rejected summarily.

D.D N	Number Amount	
Issuin	g BankDate	
Name	of the post applied	_
Post C	Code	
Adver	rtisement No	-
1.	Full Name	
2.	Father's Name	-
3.	Mother's Name	
	Spouse's Name (if married)	
5.	Date of Birth: Day MonthYear	
	(As recorded in the Matriculation or equivalent certificat	æ)
6.	Age (as on the last date fixed for the receipt of application	on)
0.		
	YearsMonthsDays	
7.	Nationality	-
8.	Religion	-
9.	Marital Status (Married/ Unmarried)	
10.	Sex (Male/ Female)	
11.	. Do you belong to any reserved category? (Yes/ No)	
	If yes, specify the category	
12.	• Do you belong to Minority category? (Yes/ No)	
	• Do you belong to Ex-Servicemen category? (Yes/ No) _	

15. If physically disabled, indicate the relevant particulars

Nature of Disability	If applicable, Write 'yes'	Percentage of disability
a. Blindness or low vision		
b. Hearing impairment		
c. Locomotor disability or cerebral palsy (includes all cases of Orthopedically handicapped)		
d. Autism, intellectual disability, specific learning disability and mental illness		

16. Languages Known:		Read	Write	Speak
	i)			
	ii)			

#### **17. Permanent Address:**

PIN CODE	Phone No	

\_\_\_\_\_

#### **18. Correspondence Address:**

PIN CODE \_\_\_\_\_\_ Phone No. \_\_\_\_\_\_ Email ID \_\_\_\_\_

# 19. Educational Qualifications (Attach additional pages, if required)

	Name of the Course	Name of the Board/ University	Month & Year passed	Division	% of Marks	Mode of Education (Regular/ Part-time/ Distance/ etc.	Subjects studied
	(a)	( <b>b</b> )	(c)	( <b>d</b> )	(e)	( <b>f</b> )	(g)
10 <sup>th</sup> Class/ equivalent							
10+2/ equivalent							
Bachelor's degree							
Master's degree							
M.Phil.							
Ph.D. degree							
Any Other							

# **20.** Evidence of innovative library services including integration of ICT in library (separate sheet may be enclosed)

a.

- b.
- c.
- d.
- e.
- f.

# 21. Details of best three Research publications (copy of full papers to be attached).

## 22. Academic distinctions

Name of the Academic Course/ Body	Academic distinction obtained

# 23. Chronological list of experience (including current position/ employment)

Designation & scale of	Name & address	Period of Experience			Nature of appointment	Scale of Pay	
pay	of employer	From Date	To date	No. of years/ months (As on date of advertisement)	(Regular/ Contractual)	Pay Band	Level/ Grade Pay/ AGP
(a)	(b)	(c)	( <b>d</b> )	(e)	( <b>f</b> )	(g)	( <b>h</b> )

### 24. Present position

Name of the Institution	Designation	From date	Pay in pay band	Level/ Grade Pay/ AGP	Gross Pay/ Total Salary per month (Rs.)	Next date of Increment

# 25. Research & academic contributions (to be calculated as per UGC Regulation on minimum qualifications of 2018-Table 3A): -

Sr. No.	Academic Record	Score as calculated by applicant	Details of documents attached in support of score claimed by the applicant (mention C.P where these documents are attached with the application)
1.	Graduation		
2.	Post-Graduation		
3.	M.Phil.		
4.	Ph.D.		
5.	NET with JRF		
	NET		
	SLET/ SET		
6.	Research Publications (2 marks for each research publications published in peer-reviewed or UGC-listed Journals)		

7.	Teaching/Post-DoctoralExperience (2 marks for one yeareach) #	
8.	Awards	
	International/ National Level (Awards given by International Organizations/ Government of India/ Government of India recognised National Level Bodies)	
	State-Level (Awards given by State Government)	

# However, if the period of teaching/ Post-doctoral experience is less than one year then the marks shall be reduced proportionally.

**26.** Reference: (These persons should be professionally competent, who are well acquainted with some aspect of the applicant's training accomplishment, capabilities and character but must not be in blood relation to the Candidate). Two references should be listed

a)	Name:
	Occupation or Position:
	Address:
	With email:
b)	Name:
	Occupation or Position:
	Address:
	With email:
<b>27.</b> Jo:	ining Time, If Selected (in days):
28. Li	st of self-attested testimonials attached (original to be produced at the time of
in	terview). Please tick the ones applicable.
I.	Matriculation mark sheet and certificate.
II.	Intermediate (Senior Secondary) marksheet and certificate.
III.	Bachelor's Programme marksheets and degree.
IV.	Master's Programme marksheets and degree.
	Master 5 Trogramme manisheets and degree.

- VI. Ph.D. / D.Phil. degree
- VII. Caste Certificate issued by the competent authority
- VIII. Experience Certificates
- IX. Disability Certificate
- Х.
- XI.
- XII.

# Note: Applications without the above self-attested testimonials (applicable to the candidate) will not be entertained.

**29.** State whether you have been at any time

(a) dismissed, removed or debarred from service (Yes/ No)

(b) convicted by a criminal court (Yes / No)

**30.** I hereby declare that all entries made by me in this application are correct and true to the best of my knowledge and belief. I understand that in the event of any information being found incorrect or false, my candidature/ appointment is liable to be cancelled/ terminated.

Place \_\_\_\_\_

Date \_\_\_\_\_

**Signature of the Applicant** 

### ENDORSEMENT OF THE EMPLOYER

Ref. No	Date
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#### FORWARDED

The applicant	(name)	is	holding	the	post	of
(post) in	this Colle	ege/	Univers	ity/ I	nstituti	on/
Department in a temporary/ substantive basis s	since			(da	ate) in	the
pay level His/ her preser	nt pay is R	ls				per
month. His/ her next date of increment is _				***	1	
monul. This/ lief liext date of increment is _				we	e nave	no

It is further certified that no vigilance case is going on or contemplated against him/ her.

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Signature of the Officer with seal