



NO:	
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KERALA STATE LIBRARY COUNCIL
THIRUVANANTHAPURAM - 14

CERTIFICATE COURSE IN LIBRARY AND INFORMATION SCIENCE 2018-19
APPLICATION FOR ADMISSION

(To be filled up by the applicant and addressed to the Secretary, Kasaragod District Library Council, Kottachery.P.O., Kanhangad, Kasaragod-671 315, so as to reach him not later than 04.10.2018. The photo should be attested (by signing over the photo) by the President / Secretary of the sponsoring library with seal in the case of applicants from affiliated libraries, by the head of the institution in the case of departmental candidates and self in case of others).

A recent Passport
size photo of the
candidate to be
affixed here

1. Name of the Candidate :
(In capital letters)
2. Age and date of birth :
(Attach self-attested copy of the
relevant page of SSLC book)
3. Sex :
4. Religion and caste :
5. Whether belonging to SC/ST/SEBC :
(Attach certificate from the concerned
authority as mentioned in the prospectus)
6. Mother tongue :
7. Father's / Guardian's Name & Address :
8. (a) Permanent Address (In capital letters) : (b) Address for communication:

9. Educational Qualifications:

Name of Examination	Name of Board/University	Reg. No.	Year of Passing
a)			
b)			
c)			

(Attach self-attested copy of Certificates)

10. Name and address of the sponsoring :
Library with register number

11. District Taluk :

12. The date from which the applicant is working as librarian in the above said library:

(Attach true copy of the minutes of the Executive Committee appointing the applicant as Librarian).

The information furnished above are true to the best of my knowledge and belief. The original certificates will be produced as and when required. I have read the instructions before filling up the application.

Place:

Signature of the applicant

Date :

SPONSORING CERTIFICATE

We hereby recommend Sri./Smt. for admission to the Certificate course in Library & Information Science vide resolution number dated of the Library committee and certify that he/she has been working as librarian of this library from as per records kept in the library.

Place:

Library Seal

Date :

President / Secretary
Name & Signature

VERIFICATION CERTIFICATE

Certified that Sri. Smt. is working as Librarian in the (name of Library) for more than six months and is eligible for applying to the Certificate course in Library and Information Science as per the records kept in the Library and to the best of my knowledge.

Place:

Office Seal

Date :

Secretary
Taluk Library Council

(A self – addressed envelope of size 24 x 10 cm with stamp worth Rs. 10 affixed on it should be enclosed to mail the Admission ticket).