



CENTRAL UNIVERSITY OF KASHMIR
Nowgam Campus I, Srinagar 190015 J&K

APPLICATION FORM FOR THE POST OF LIBRARY PROFESSIONAL

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PHOTOGRAPH

A. General Information

1. Name in Full _____
(In BLOCK LETTERS)
2. S/O D/O W/O: _____
3. Date of Birth _____ 4. Gender: Male Female
5. Permanent Address _____
_____ Pin Code _____
email ID _____ Cell No. _____
6. Address for Correspondence: _____
_____ Pin Code _____

B. Educational Qualifications:

Exam	Board / University	Year of passing	Marks		% of marks	Subjects
			Obtained	Out of		
Bachelor's Degree						
Master's Degree						
M.Phil						
Ph.D						
NET/SLET						
Any other Qualification						

C. Experience

Designation	Name of the Organization	Nature of appointment	Period of Service

I hereby declare that all entries made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false my candidature/ appointment is liable to be cancelled / terminated. I further declare that I shall have no claim whatsoever on appointment to the permanent position.

Place: _____

Signature of the Applicant