

**BISHOP ABRAHAM MEMORIAL COLLEGE***(Affiliated to Mahatma Gandhi University, Kottayam & NAAC Accredited- 'B' Grade)*

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**THURUTHICAD, PATHANAMTHITTA, KERALA 689 597, INDIA****APPLICATION FOR THE POST OF LIBRARIAN**

1. Full name (in Capitals) as in SSLC / Equivalent :
2. Subject of Applicant :
3. Sex : Male/ Female/ Transgender
4. Person with Disability (if YES, attach proof) : YES / NO
5. Date of Birth & Age (completed years) :
6. Religion & Denomination :
7. Marital Status : Single/ Married
8. Place of Birth :
9. Permanent Address :
10. Present (Mailing) Address with PIN Code :

## 11. Other Contact Details

Tel. No. \_\_\_\_\_ Mobile No: \_\_\_\_\_

e-mail: \_\_\_\_\_

## 12. Academic Qualifications: (attach copies of degree certificates and mark lists)

Course/Programme	Name of the University/Board.	Period of Study	Year of Passing	% of Marks /Grade	RANK, If any.
UG					
PG					

13. Tick all your relevant qualifications (attach copies of certificates)

NET	
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JRF	
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Ph.D.	
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14. Other/Additional Academic Qualifications, if any (attach separate sheet if necessary)

15. Experience: (only approved services to be given chronologically, attach proof)

Name of Institution	Position held	Period of service		Total Years / months
		From	To	

16. Research Papers in UGC approved Journals (attach separate sheet if necessary)

Title of Paper	Name of Journal	No. of Authors	International/ National

17. Chapter in Edited Books / Books Relevant to subject (attach separate sheet if necessary)

Title of Book	No. of Authors	International/ National	ISBN No.

18. Post- Doctoral Experience, if any (attach separate sheet if necessary):

Name of Institution	Period of service		Total Years / months	Remarks
	From	To		

19. Other relevant information (if any):

20. Give names and addresses of three persons to whom we can refer about you:

1)

2)

3)

#### **Declaration**

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief.

Place:

Date:

Name and Signature of the Applicant

#### **Details for online payment**

*(Attach Original payment receipt / e-receipt along with the filled application form)*

Account Name : BISHOP ABRAHAM MEMORIAL COLLEGE, THURUTHICAD  
Account No : 14430100091811  
BRANCH IFSC : FDRL0001443  
BANK : FEDERAL BANK  
BRANCH : MALLAPPALLY