ENCHY TRICHY

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APPLICATION FOR LIBRARY TRAINEE IN THE

	LLANNING RESOURCE CENTRE	
1.	Name (in CAPITAL letters)	Affix your recent passport size colour photograph
	(FULL NAME)	
2.	Name of Father/Guardian/Husband:	
3.	Date of Birth: DD MM YY Age: _ (Proof to be enclosed)	
4.	Nationality:	
5.	Gender (Male / Female/ Transgender):	
6.	Marital Status:	
7.	Category: GEN / SC / ST / OBC / PWD / Others (Specify)(Proof to be enclosed)	
8.	Address:	
	Communication Address: Permanent	Address:
Е	mail: Email:	
Т	Telephone:	
M	Mobile:	

Name of Degree / Diploma Certificate	/ School / Colle Unive	-	Year of Passing	Marks/Grade & Class obtaine
0. Computer qualifications:				
r in the second				
1. Employment details (Proof	to be enclosed):			
	D 111 II II	Date of	Date o	f Salary
Organization & Location	Position Held	Joining	Leavin	
otal experience:	Years Mon	nths		
	DECLARAT	ION		
hereby declare that the particum nowledge and belief. I under andidature shall be liable to be	stand that if any part	iculars found to	o be false at	
lace:				

SIGNATURE OF THE APPLICANT