

CENTRAL INSTITUTE OF HIGHER TIBETAN STUDIES

(Deemed University)

CENTRE FOR TEACHER EDUCATION

SARNATH, VARANASI-221007 (U.P)

APPLICATION FORM FOR THE POST OF LIBRARIAN, CTE ON CONTRACT

(Please fill up separate form for each post)

Advt. No. _____

Post applied for _____

Post Code _____

Department _____

Affix here a
latest Passport size
Photograph
and
sign across

I. GENERAL INFORMATION:

1. Full Name in block letters. Dr./Mr./Ms. _____

2. Date of Birth _____ In Words _____

3. Sex: Male/Female _____ 4. Father's/Husband's Name _____

5. Mailing Address _____

_____ Pin Code _____

Tel. No. _____ Mobile No. _____ E-mail _____

6. Permanent Address _____

_____ Pin Code _____

7. Marital Status _____ 8. Nationality _____

9. State of Domicile _____ 10. Category Gen/SC/ST/OBC/DA/EWS _____

If belonging to SC/ST/OBC/DA/EWS (attach certificate)

11. Names, Addresses, and contact phone numbers of two Referees:

(i) _____ (ii) _____

Note: Recommendations from two Referees, not related to the applicant, who are scholars closely acquainted with the applicant’s academic training, accomplishments and capabilities, should preferably be obtained in sealed envelopes and attached with the application.

II. EDUCATIONAL QUALIFICATIONS

Examination/Degree	Subject(s)	Percentage of Marks/Final Grade	Name of College/ University Board	Year
High School				
10+2				
Under Graduate				
Post Graduate				
NET with JRF NET SLET/SET				
M.Phil				
Ph.D				

III. DETAIL OF EMPLOYMENT: (in chronological order starting with the most recent)

Institution	Designation	Period		Nature of Duties	Basic salary Last drawn and Pay scale
		From	To		

DECLARATION

I hereby declare that the information given by me in the Application is true, complete and correct to the best of my knowledge and belief that nothing has been concealed or distorted thereof. If at any stage, I am found to have concealed/distorted any information or given any false statement, my application/appointment shall liable to be summarily rejected/terminated without notice or compensation.

Date: _____

Place: _____

(Signature of Applicant)

FORWARDING LETTER FROM PRESENT EMPLOYER OF THE APPLICANT (If applicable)

Forwarded with the remarks that Shri/Ms. _____ is working in this organization in the capacity as _____ from _____ to _____ and the institution/ organization has no objection to the candidature of the applicant being considered for the post applied for as above.

Place: _____

Date: _____

Fax: _____

E-mail: _____

Signature of Head of Institution

Name: _____

Designation: _____

Address: _____

(Rubber Stamp)