Advt. No. NA/1/2024

Post Applied for the post of

Application No.

Digital Library Analyst

INSTITUTE FOR SOCIAL AND ECONOMIC CHANGE

Dr.V.K.R.V. Rao Road, Nagarbhavi P.O., Bangalore - 560 072

APPLICATION FORM FOR ADMINISTRATIVE POSTS

1. Name in full (CAPITAL LETTERS)							
2. Address:							
Present (for communication)							
Permanent (Home Town)							
Contact Details		Phone/Mobile:					
		E-mail:					
3. Date of Birth:				Age:	Sex:		
4. Marital Status		Unmarried		Married	No. of Child		
5. Do you belong to Ye OBC/SC/ST		Yes/No					
6. Education:							
Examination Do)egree າ*		University	Class/ Division	% of Marks	Year
VIII Standard (applicable only to Messenger Post)							
Matriculation							
Pre-University							
Graduation	aduation						
Post-Graduation	Post-Graduation						
Diploma / Certificate in Technical Courses							
Others (specify)	1						

*Specify the Degree

Strike out whichever is not applicable.

7. Work Experience (begin with your last/present job):

Designation	Employer	Perio	bd	D	uration	
/ Position		From	То	Yea	r Months	
8. Knowledge of Languages		Read	v	Vrite	Speak	
9. Names and full address of two referees (e.g. Teachers, Employers, etc., not related to you)		1.				
		2.				
10. If employn how soon can	nent is offered, vou ioin dutv					

11. I certify that the particulars given by me in this application are true. I enclose copies of the following: *

- a. Certificate in proof of the Date of Birth
- b. SSLC Certificate
- c. Graduation/Post-graduation Certificate
- d. Caste Certificate
- e. Others

NOTE: All copies of testimonials including experience are to be enclosed.

PLACE:

DATE:

Signature of the Applicant

*Strike out whichever is not applicable.

12. TO BE FILLED IN BY THE EMPLOYER OF THE APPLICANT

We certify that the information given by the candidate in column 7 of the application is correct. This organization has no objection for his/her applying for the said post. In case he/she is offered the post and if he/she accepts it, he/she will be relieved of his/her duties in this organisation according to rules.

(Seal of office)

Signature of the Employer

Name:

Designation:

Place:

Date:

INFORMATION SHEET

Name of the candidate:

Knowledge of computer softwares:

Software		Name of the Software					
1. MS Word							
2. Excel							
3. others							
Experience of using the computer softwares							
Software	Duration	of Experience	e Nature of work/ job done				
	From	То					
1. MS Word							
2. Excel							
3. others							

DATE:

Signature of the Applicant