

STATE INSTITUTE OF HOSPITALITY MANAGEMENT, KOZHIKODE

(An Autonomous Body under Department of Tourism, Govt. of Kerala

**Varakkal Beach, West Hill, Kozhikode-673005, Kerala**

**Post Applied for: Librarian on contract**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name of Candidate (in Capital letters) |  | | | | | | A recent Passport sized colored Photograph to be pasted here and Signed  Across | |
| 2 | Date of Birth | Day | Month | | Year | | Age as on (05.12. 2024) | | |
|  |  | |  | |  | | |
| 3. | Father’s Name/Husband’s Name |  | | | | | | | |
| 4. | Nationality |  | | | | | | | |
| 5. | Gender (Male/Female) |  | | | | | | | |
| 6. | Marital Status | Married Single | | | | | | | |
| 7. | Category  (Please tick in appropriate box) | Gen | | SC | | ST | | | OBC |
|  | |  | |  | | |  |
| 8. | Permanent Address with Pin Code |  | | | | | | | |
| 9 | Correspondence Address with Pin Code |  | | | | | | | |
| 10 | Tel. No. |  | | | | | | | |
| 11. | Mobile No |  | | | | | | | |
| 12 | Email |  | | | | | | | |

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|  | 13 | Educational Qualifications : (in ascending order) **(All attested copies of testimonials to be attached)** | | | | | | | | |
| SI. | Name of the Exam passed | Name of the Board/ University | | Name of the Institute | | Month & Year of  passing | | % of Marks up to two  decimals | |
| a) | 12th standard / Higher Secondary |  | |  | |  | |  | |
| b) | Degree /Degree in Library Science |  | |  | |  | |  | |
| c) | Diploma in Library Science ( Necessary if Degree is not in Library Science) |  | |  | |  | |  | |
| d) | Any other Qualification |  | |  | |  | |  | |
| 13 | Work Experience (post qualification) in chronological order beginning from the present job : **(copy of documents to be attached)** | | | | | | | | |
| SI  No  . | Designation & Pay Scale | | Organization | | Period of service | | | | Reason For leaving |
| From | | To | |
|  |  | |  | |  | |  | |  |
|  |  | |  | |  | |  | |  |
| **Declaration**  I hereby declare that all the particulars furnished by me in this application are true to the best of my knowledge and belief. If any of the information / particulars furnished by me is found to be false at any stage, my candidature / selection is liable to be rejected / cancelled by the appropriate authority without assigning any reason.  Place :  Date : (Signature of the applicant) | | | | | | | | | | |