

BENGAL LIBRARY ASSOCIATION

P-134, C.I.T. Scheme 52

Kolkata-700 014

ABSTRACT INFORMATION

SC	ST	PH
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(Please tick the box)

Arts	Commerce	Science
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(Please tick the box)

FORM NO. INT/ _____

(For Office use only)

Name.....

Address.....

Contact No./ E-mail.....

Whether deputed

Yes	No
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Name of the School/College with District *

Marks obtained

1) SF/MP.....

.....

*District :

2) HS.....

.....

*District:

Examination	Grand Total	Total Marks Obtained	Percentage	Average %
SF or equivalent				
HS or equivalent				

* District means the district from where she/he passed the SF/HS Examination

Last date of submission of form
22nd July, 2017

Price Rs. 100.00
Form No. INT/

District

BENGAL LIBRARY ASSOCIATION

General Office : P-134, C.I.T. Scheme 52, Entally, Padmapukur, Kolkata – 700 014
(3.00p.m. to 7.00p.m.) Phone : 6533 2102
Website : <http://www.blacal.org>

For office use only

Selected /Waiting List

Roll No.

Sec.

Secretary

Library Science
Training Committee



CERTIFICATE IN LIBRARY SCIENCE COURSE APPLICATION FORM

PLEASE PASTE
HERE ATTESTED
COPY OF
PHOTOGRAPH

**The Director
Certificate in Library Science Course
Bengal Library Association**

Sir,

I beg to apply for admission to the next Week-end/Summer session 201 of the Certificate in Library Science course. I submit the following particulars along with certified relevant documents in support of my application.

Yours faithfully

Date :

Signature in full:

1. Name (in block letters) :
2. Date of Birth : District of Domicile :
3. Father's/Husband's Name :
4. a) Permanent Address :
.....
(b) Correspondence Address :
.....
(c) Contact No./E-mail :
5. Present position :

FOR DEPUTED CANDIDATE ONLY

- a) Name of the Institute/Organisation :
- b) Designation :
- c) Working as full-time library staff since :..... Pay Scale :.....
(Attested copy of the appointment letter along with salary statement and duty hours should be furnished)
- d) Whether facilities to attend the classes will be available:.....
(No objection Certificate should be furnished along with this application)

Certified that the above statements are true and correct. I depute the candidate for Certificate in Library Science Course conducted by the Bengal Library Association.

Office Seal:

Signature of the Head of
the Institution

BENGAL LIBRARY ASSOCIATION P-134, C.I.T. Scheme 52, Entally, Padmapukur, Kolkata – 700 014
NAME..... (To be filled in by the candidate in block letters)
FORM NO.: INT/
Received the Application Form for the Certificate in Library Science Course for the Week-End/ Summer Session of 201 <div style="text-align: right;">For General Secretary</div>

- Do not tear off the slip from the Application Form
- Fill up the Application Form correctly

6. Whether belongs to the Scheduled Castes/Scheduled Tribes.
(If yes, please attach a certificate from the appropriate authority)

Yes	No
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7. Whether the candidate is permanently disabled ? :
(If yes, please attach a certificate from the appropriate authority)

Yes	No
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8. Academic qualifications(Attested copies of marksheets of both sides of all public examinations should be attached) :

Board/Council University	School/College /University	Exam Roll No	Year	Examination Passed	Divn/ Class	Subjects	Grand Total	Total Marks obtained	Percentage

.....
Full signature of Candidate