



**BENGAL LIBRARY ASSOCIATION**  
P-134, C.I.T. Scheme 52  
Kolkata-700 014

[Please Fill up the Form and send it by-post/hand to the Association Office within 20<sup>th</sup> August, 2024]

**ABSTRACT INFORMATION**

<b>SC</b>	<b>ST</b>	<b>PH</b>
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(Please tick on the box)

<b>Arts</b>	<b>Commerce</b>	<b>Science</b>
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(Please tick on the box)

**FORM NO. INT/\_\_\_\_\_**

(For Office use only)

Name.....

Address.....

.....

Contact No.....

E-mail id.....

**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 he/she passed the SF/HS Examination

Last date of submission of form  
20<sup>th</sup> August, 2024

**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  
(1.00 p.m. to 8.00 p.m.) Phone : 8276032102  
Website : <http://www.blacal.org>

For office use only

Selected /Waiting List

Roll No.

Sec.

Secretary

**Library Science  
Training Sub-Committee**



**CERTIFICATE IN  
LIBRARY SCIENCE COURSE**

**APPLICATION FORM**

**PLEASE PASTE  
HERE SELF-  
ATTESTED COPY  
OF RECENT  
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, 2024-25 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.: .....
- d) E-mail id: .....
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: .....  
(Self-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

<b>BENGAL LIBRARY ASSOCIATION</b> 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/ <del>Summer Session</del> of 2024-25.  <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 Caste/Scheduled Tribe:  
(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 (Self attested copies of mark sheets 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

9. Payment Details:

a) Mode of Payment [Amount: Rs.100/-] (Please Tick on the following):

Google Pay/PhonePe/IMPS or RTGS/Bank Transfer/Demand Draft

b) Transaction No./Draft No. and Name of the Bank: .....

c) Date of Transaction: .....

[N.B.: Payment should be made:

1) through Google Pay/PhonePe to the following number: 8961910437 (Indrashis Dey)

**[Please attach screenshot of payment along with the form]**

2) through IMPS/RTGS Mode in favour of Bengal Library Association, payable at Indian Bank, Branch: Kolkata Entally, Branch Address: P22, C.I.T. Road, Entally, Kolkata-700014, IFSC: IDIB000K751, Account No. 20488295691, MICR Code: 700019076 **[Please attach screenshot of payment along with the form]**

3) through Demand Draft in favour of Bengal Library Association, payable at Kolkata]

Date:

.....  
**Full signature of the Candidate**