



INDIAN LAW INSTITUTE
Bhagwan Das Road
New Delhi - 110001

Please Fill in BLOCK LETTERS

Advertisement No.

DAVP/24203/11/0011/1617 dt. 31.03.2017

Post Applied for

LIBRARIAN

Bank Draft No./Amount
& Date Name of Bank or
Online Trans. ID & Date

(if paid online, attach printout of Payment Response page)

Affix
recent passport
size
photograph
and sign
across it

1. Name of the Candidate

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2. Father's/ Guardian's Name:

Mother's Name

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3. Address:

Correspondence

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| FAX | |
| E-mail | |
| Telephone / Mobile | Office: Residence: |

Permanent

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| Telephone / Mobile | |

4. Date of Birth

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Age as on last date
of application

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YY MM DD

5. Nationality

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6.

Marital Status

Married

Single

7. Category (attach certificate in case of reserve category)

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8. Academic Qualifications (**Attach separate sheet, if required**):

| Examination Passed | Board/University | Year of passing | Percentage /Grade | Class/ Division | Subjects studied |
|--------------------|------------------|-----------------|-------------------|-----------------|------------------|
| Matriculation | | | | | |
| Intermediate | | | | | |
| Bachelor's Degree | | | | | |
| Master's Degree | | | | | |
| B.Lib. | | | | | |
| M.Lib. | | | | | |
| LL.B. | | | | | |
| LL.M. | | | | | |
| Any other | | | | | |

| Degree | Thesis/ Dissertation | University/Institute | Date of Registration | Date of Submission | Year of Award |
|--------------------|----------------------|----------------------|----------------------|--------------------|---------------|
| M.Phil. | | | | | |
| Ph.D. | | | | | |
| Other Distinctions | | | | | |

9. Whether qualified UGC JRF/ NET : If yes, Year of qualifying _____, Certificate No. _____
 Subject Code _____. Whether exempted from NET : Yes/ No: _____

10. Current Employment:

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|--------------------------|-------------|--------------------------------------|------------|--|--|
| Designation | | | | | |
| Organization | | | | | |
| Date of Joining | | | | | |
| Pay Band : | Grade Pay : | | Basic Pay: | | |
| Total Monthly Emoluments | | Status (Permanent/ Temporary/ Adhoc) | | | |

Total years of the experience: YY MM DD

11. Previous Employment (**Attach separate sheet, if required**):

| S.N. | Name of the Employer | Position held | Pay Band & Grade Pay | Date of Joining | Date of Leaving | Nature of Duties |
|------|----------------------|---------------|----------------------|-----------------|-----------------|------------------|
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12. Details of Seminar/Workshop/ Conference attended (**Attach separate sheet, if required**):

| S.N. | Details of Seminar/ Workshop/ Conference | Sponsoring Institution | Year | National/ International |
|------|--|------------------------|------|-------------------------|
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13. Please mention research publications (**Attach separate sheet, if required**):

| S.N. | Year | Title | Name of Publication |
|------|------|-------|---------------------|
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14. Special Awards/ Honours received, if any (**Attach separate sheet, if required**):

| S.N. | Year | Name of Award/ Honour | Name of Organization |
|------|------|-----------------------|----------------------|
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15. Membership of Professional Association/ Learned Institutions (**Attach separate sheet, if required**):

| S.N. | Name of the Organization | Type of Membership: Ordinary/Life/Annual |
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16. Mention your vision/ roadmap related to Institute's Library for next five years (in 500 words)
(**Attach separate sheet**):

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17. Names & addresses of 3 references:

| Name | Designation | Address | Mobile No./ Email ID |
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18. API Score claimed: _____ (separate attachment in accordance with UGC Regulation dated July 11, 2016.

19. Total number of enclosures: _____

DECLARATION

I _____, S/D/W _____
hereby declare that all statements and entries made in the application are true, complete & correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the Selection Committee, my candidature/ appointment may be cancelled by the Institute at any time.

Date: / /

Place:

(Signature of the Candidate)

NO OBJECTION CERTIFICATE

Forwarded with the remarks that the institution/organization has no objection to the candidature of the applicant being considered for the post applied for, as above.

Date: / /

Place:

(Signature)

**Head of the Institution/ Organization
Designation with Seal**