



MEDI-CAPS UNIVERSITY
A.B.ROAD, PIGDAMBER, INDORE 453331(M.P.)
Ph.(0731) 4259500,4259554 Fax. (0731)4259501

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Application for the post of Librarian/Asst. Librarian/Library Assistant

Name :.....
 Sex : M/F Date of Birth.....:..... Marital Status.....
 Father's /Mother's Name:.....Spouse's Name
 Address :.....

 Tel No. (With STD Code):(Resi)..... (M).....
 E-mail :.....
 Highest Qualification:Specialization.....
 Category (Gen/OBC/SC/ST/Minority): Physical disability (Yes/No)
 Academic/Technical Qualification Record (Attach Photocopy of Mark Sheet)

S. No.	Exam	Board /University	Year of Passing	Specialized Subject(s)	Marks %	Div/ Grade
1						
2						
3						
4						
5						

Additional Qualification(s) :.....

Publication(s) (attach list if space is inadequate):

Experience (Recent First):

S. No	Organization	Designation	Pay Scale	Grade Pay	Duration		Total Experience
					From	To	
1							
2							
3							

Reference (Two with Phone No.)

(1) (2).....

Isolemnly declare that the information given in this form is correct to the best of my knowledge.

Date :

Signature of Candidate