



APPLICATION FORM FOR THE POST OF “Head Librarian / Resource Centre”

(Notification no. NIDMP/1-70/(24) Rectt.- Admin/2026 dated 01.07.2026)

Appl. No.....(*To be filled by NID MP)

Note: Prospective candidates are advised to study the **Instructions** carefully and then fill up the application precisely and to the point in all respects. **Incomplete application will be summarily rejected.** Candidates may attach additional sheets, if required.

APPLICATION FORM FOR THE POST OF:	Affix recent passport size photograph duly signed by the candidate across the photograph
.....	
Application Fee Details: (Exempted for SC/ST/PWD/ESM)	
DD no. Date: Name of Bank:	

1	Personal Information								
	Name of Applicant (in full capitals)								
	Father's Name								
	Mother's Name								
	Date of Birth & Age (As on last date of receipt of Application- proof of dob to be enclosed)		DD	MM	YY	Age	Years	Months	Days
	Gender					Marital Status			
Nationality					Religion				
2	Category (SC/ST/OBC/General)								
	Ex-Serviceman (Tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No	PwD (Tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No				

3. Complete Postal address with Pin code

Correspondence Address						Permanent Address							
PIN CODE						PIN CODE							
Other Contact information													
Phone No with STD Code								Mobile No.					
E-mail													
Alternate E-mail													

4. Educational Qualifications (10th Standard onwards) (Attach extra sheet, if needed)						
Sl. No.	Name of Degree/Diploma	Subject / Discipline / Specialization	Name of the University / Institution / Board	% of Mark/ CGPA	Division /Grade	Year of passing
1.	10th					
2.	12 th /Higher Sec					
3.	Diploma or equivalent					
4.	Bachelor's degree					
5.	Bachelor of Library Science					
6.	Degree/Diploma in Computer					
7.	Master of Library Science					
8.	Desirable qualifications (if any)					
	Others (if any)					

5. Total Relevant Experience as on last date of Application :.....Years.....MonthsDays.

6	Details of Experience (In reverse Chronological order) (Attach extra sheet, if needed)									
	Organization / Institute / Industry	Designation / Post	Period		Duration		PB & G - Pay/Pay level	Nature of Responsibi lities	Temporary/ Regular/ Permanent Employment	Reason of Leaving (if applicable)
			From	To	Y	M				
a.										
b.										
c.										
d.										
e.										
f.										

7.	Details of Present employment		
	Name of Organization / Institute		
	Designation		Date of Appointment
	Nature of Work		
	Whether Temporary/ Regular Permanent Employment		
	Pay Level		
	Basic Pay		
	Gross Emoluments (Per Month) in Rs.		

8. Character & Antecedents Report.		
	Particulars	Comments
a.	Have you ever been subject to any disciplinary action, as a student and/or as an employee, If so give full details.	
b.	Have you ever been dismissed/suspended from service/employment, if so please give full details	
c.	Were you ever involved in any criminal case, If yes, give full details	
d.	Is any criminal case pending against you in the court, If yes, give full details	

09. Language Known:

- (i) Hindi : Read Write Speak
(ii) English : Read Write Speak
(iii) Other (_____) : Read Write Speak

10. Details of Enclosures (Important: all the enclosures should be self-attested and serially numbered):

Sl. no.	Description	Page no.
a.	Application Form	
b.	Documents in support of Essential Educational Qualification	
c.	Documents in support of Essential Experience Qualification	
d.	Documents in support of other qualifications/ experience/ achievements	
e.	Documents in support of DoB	
f.	Category Certificate (EWS/OBC/SC/ST) (if applicable)	
g.	Ex-Servicemen Certificate (if applicable)	
h.	PwD Certificate (if applicable)	
i.	NOC from employer (if applicable)	
j.	Documents in support of all other qualifications	
k.	Certificate by the Employer/Cadre Controlling Authority with enclosures (if applicable)	

11. DECLARATION:

I hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that all entries in this form, as well as, in the attached sheets are true to the best of my knowledge and belief. I undertake that If the fact that false information has been furnished or that there has been suppression of any factual information in the Application Form comes to notice at any time during the service of a person her services would be liable to be terminated.

Date:

Place:

Signature of the candidate