



APP NO. _____

LAST DATE For SUBMISSION _____

PATURI NAGABHUSHANAM SCHOOL OF LIBRARY SCIENCE

(Recognised by Govt. of Andhra Pradesh)

Sri Sarvottama Bhavanam, VIJAYAWADA 520 010, Phone: 0866 2472313

For Office Use

% Marks	Category	Regd. No.
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- Note : 1. It should be filled in Candidate's own hand writing
2. Read the instructions carefully before filling the application form

1. Name of the applicant :
(In Block letters)
2. Father/Husband Name :
3. Medium of the course to which applied : **TELUGU / ENGLISH**
4. Date of Birth (as per SSC Certificate) :
5. Sex : **MALE / FEMALE**

6. Full address for Communication
(including Pin Code and Phone No.

7. Does the candidate belong to S.C./ S.T. / B.C. If So mention the sub-caste : a) **S.C.** _____ Yes/No. _____ (Sub caste)
b) **S.T.** _____ Yes/No. _____ (Sub caste)
c) **B.C.** _____ Yes/No. _____ (Sub caste)

8. Is the applicant physically handicapped?:
(Evidence to be produced)

9. Is the applicant a son/a daughter of Ex- :
Serviceman (Evidence to be produced)

10. Is the applicant a Sportsman/ :
Sports Women

11. Does the applicant posses NCC/Bharat :
Scouts & Guides Certificate?

12. Annual Income of the Parent/Guardian :

13. Educational Qualifications :

Exam Passed	Name & Place of the School/College/University Where studied (Full address to be given)	Month & Year of Passing the Examination	Maximum Marks	Class Obtained	% of Marks
SSC /10 th Class					
Inter					
B.A./B.Com./ B.Sc.					
M.A./M.Com/ M.Sc					
Any other					

Signature of the Candidate

DECLARATION BY THE APPLICANT

I declare that the information furnished in this application is true and correct to the best of my knowledge and belief, in case, any of the above information is proved false at the later date, my admission to the C.L.Sc., Course shall be cancelled.

I also promise to abide by the rules and regulation of the Institute.

Date :

Place :

Signature of the Candidate

DECLARATION OF THE EMPLOYER

Certified that Sri/Smt. _____
 S/o, D/o, W/o _____ resident of _____
 _____ District _____ State is working in our Library/
 Institute as _____ (Designation) temporarily/ regular in the pay Scale of
 Rs. _____ /- on Consolidated pay of Rs. _____ P.M. from _____
 To _____ till date and his / her services are found satisfactory

Date:

Place:

Signature of the Employer

(with Stamp)

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Verified all the original certificates and found correct. Admission is granted/ rejected.

Admission No. _____ Date _____