TMH – APPLICATION FORM

Affix recent Advt No passport size 61 / 2017 Name of the post LIBRARY TRAINEE (1) Name in full [IN BLOCK LETTERS]: (2) Date of Birth (3) Sex: : (4) Marital Status (5) Nationality: (6) Address for correspondence : Pin Code: (7) a) Telephone No (7) b) Mobile No: (7) d) E-mail (7) c) Fax No (Mandatory) (8) Permanent Address Pin Code:

) If SC/ ST/ OBC/						
Physically handi	icapped:					
	(At	tach certific	cate issued by C	ompetent Authority	')	
) FORMAL EDUC	ATIONAL QUA	LIFICATIO	NS:			
Degree	Subject	Year o			University	
) PROFESSIONA	L EXPERIENCI	E: [
Appointment	Da	ites			University	
Appointment	From	То	Subject	Institution or College		

13) Whether Applicant is in Service : Yes or No.

If Yes, lease provide No Objection Certificate from your employer or Head of the institution.

(14) Li	st of documents attached to application		
	[Original must be produced for verification at the	time of interv	iew]
	1. School leaving certificate	[]YES	[] NO
	2. Maharashtra Nursing Council Reg. certificate	[]YES	[] NO
	3. G.N.M certificate	[]YES	[] NO
	4. Experience Certificate:	[]YES	[] NO
	5. Others		
	IMPORTANT DECLARATIO	N	
I decla	re that the information stated by me in the applicati	on is correct	to the best of my knowledge.
Name	:	Signatur	e:
Date	:		