

AMBEDKAR UNIVERSITY DELHI

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APPLICATION FOR LIBRARY TRAINEE

Name of the Applicant: _____

Father's/Husband's Name: _____

Permanent Address: _____

Address for Correspondence: _____

Telephone/Mobile No _____

E-mail: _____

Date of Birth: _____

Educational/Professional/Qualifications: (Latest first):

| S. No. | Degree/Board/University | Year of Passing | % of marks | Division/Class | Subjects |
|--------|-------------------------|-----------------|------------|----------------|----------|
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Computer typing skill (w.p.m) English _____ Hindi _____

Additional information (if any): _____

Date:

Place:

(Name & Signature)