



INDIAN INSTITUTE OF MANAGEMENT TIRUCHIRAPPALLI

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**APPLICATION FOR LIBRARY TRAINEE IN THE
LEARNING RESOURCE CENTRE**

Affix your recent
passport size
colour
photograph

1. Name (in CAPITAL letters)

(FULL NAME)

2. Name of Father/Guardian/Husband:

3. Date of Birth: DD _____ MM _____ YY _____ Age: _____
(Proof to be enclosed)

4. Nationality:

5. Gender (Male / Female/ Transgender):

6. Marital Status:

7. Category: GEN / SC / ST / OBC / PWD / Others (Specify) _____
(Proof to be enclosed)

8. Address:

Communication Address:
Email:
Telephone:
Mobile:

Permanent Address:
Email:
Telephone:
Mobile:

9. Academic Qualifications (Proof to be enclosed):

Name of Degree / Diploma / Certificate	School / College / Board / University	Year of Passing	Marks/Grade & Class obtained

10. Computer qualifications:

11. Employment details (Proof to be enclosed):

Organization & Location	Position Held	Date of Joining	Date of Leaving	Salary Drawn

Total experience: _____ Years _____ Months

DECLARATION

I hereby declare that the particulars furnished above by me are true and complete to the best of my knowledge and belief. I understand that if any particulars found to be false at a later date, my candidature shall be liable to be cancelled without assigning any reason.

Place:

Date:

SIGNATURE OF THE APPLICANT