INDIAN INSTITUTE OF MANAGEMENT TIRUCHIRAPPALLI

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APPLICATION FOR LIBRARY TRAINEE IN THE LEARNING RESOURCE CENTRE

1. Name (in CAPITAL letters)

Affix your recent passport size colour photograph

(FULL NAME)

- 2. Name of Father/Guardian/Husband:
- 3. Date of Birth: DD _____ MM _____ YY ____ Age: _____
- 4. Nationality:
- 5. Gender (Male / Female/ Transgender):
- 6. Marital Status:
- 8. Address:

Communication Address:	Permanent Address:	
Email:	Email:	
Telephone:	Telephone:	
Mobile:	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