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BIODATA OF THE APPLICANT

1.FULL NAME:DR./SRI/SMT. (Please fill in Block letters)	Surname		First Name	
2.ADDRESS (Correspondence)				
	City:	PIN:	State:	
3.ADDRESS (Permanent)				
	City:	PIN:	State:	
4. E-mail:			5. Ph. No.	
6. Date of Birth:			7. Gender:	M F T
			8. Religion:	

9. Experience in the Profession:	YEARS:	MONTHS:						
A. PRESENT POSITION:								
B. OFFICIAL ADDRESS:								
CITY:	PIN:	STATE:						
PH.NO:	E-MAIL:							
CATEGORY:	GOVT.	GOVT. AIDED	ACADEMIC	PUB. LIB.	R&D	CORPORATE	PRIVATE	Specify

10. QUALIFICATIONS	DEGREE	SUBJECT	YEAR	UNIVERSITY/INSTITUTION	REMARKS
A.GRADUATION					
B.POSTGRADUATION					
C.OTHER					
D. PROFESSIONAL	BLIS				
	MLIS				
	M.PHIL				
	Ph.D.				
E. OTHER (Specify)					

11. TITLE OF THE THESES:
12. PUBLICATIONS (Add extra sheet, if needed):
13. MEMBERSHIP OF OTHER ORGANIZATION:
14. ANY OTHER INFORMATION:

Date: _____ Place: _____ Signature of the Applicant