

BENGAL LIBRARY ASSOCIATION

P-134, C.I.T. Scheme 52 Kolkata-700 014

[Please Fill up the Form and send it by-post/hand to the Association Office within 19th August, 2023]

ABSTRACT INFORMATION

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Name				Office use only)	
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Address	•••••	••••	Whethe	er deputed	
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Contact No	•••••	••••			
E-mail id		••••			
Name of the School/College with		Ma	arks obtained	i	
District *					
1) SF/MP	Examination	Grand	Total	Percentage	Averag
,		Total	Marks		
			Obtained		
*District:	SF or equivalen	t			
2) HS	HS or equivaler	nt			
				1	
*District:					

^{*} District means the district from where he/she passed the SF/HS Examination

Last date of submission of form 19th August, 2023

Price Rs. 100.00 Form No. INT/

District	
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BENGAL LIBRARY ASSOCIATION

General Office: P-134, C.I.T. Scheme 52, Entally, Padmapukur, Kolkata – 700 014 (1.00 p.m. to 8.00 p.m.) Phone: 8276032102

Website: http://www.blacal.org

For office use only	For	office	use	only
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Selected /Waiting List

Roll No.

Sec.

Secretary

Library Science Training Sub-Committee



CERTIFICATE IN LIBRARY SCIENCE COURSE

APPLICATION FORM

PLEASE PASTE HERE SELF-ATTESTED COPY OF RECENT PHOTOGRAPH

The Director Certificate in Library Science Course Bengal Library Association

Sir,

I beg to apply for admission to the next Week-end/Summer session, 2023-24 of the Certificate in Library Science course. I submit the following particulars along with certified relevant documents in support of my application.

Yours faithfully

Date:		Signature in full:
1.	Name	(in block letters):
2.	Date of	f Birth: District of Domicile:
3.	Father	's/Husband's Name:
4.	a)	Permanent Address:
	b)	Correspondence Address:
	c)	Contact No.:
	d)	E-mail id:
5	Presen	t position:

FOR DEPUTED CANDIDATE ONLY

a)	Name of the Institute/Organisation:
b)	Designation:
c)	Working as full-time library staff since:
d)	Whether facilities to attend the classes will be available:
	Certified that the above statements are true and correct. I depute the candidate for Certificate in Library Science Course conducted by the Bengal Library Association.
Office	Seal: Signature of the Head of the Institution
	BENGAL LIBRARY ASSOCIATION P-134, C.I.T. Scheme 52, Entally, Padmapukur, Kolkata – 700 014
NAM	(To be filled in by the candidate in block letters)
FOR	M NO.: INT/
	eived the Application Form for the Certificate in Library Science Course for the Week-End/mer Session of 2023-24.
	For General Secretary

- Do not tear off the slip from the Application Form Fill up the Application Form correctly

shoul	d be attached):	Т	ı	Τ		Γ		m . 1	D
Board/Council/ University	School/College /University	Exam Roll No.	Year	Examination Passed	Divn./ Class	Subjects	Grand Total	Total Marks obtained	Percentage
a) Mo	ent Details: ode of Payment [. Google Pay/Phansaction No./Dr	one Pay/I	MPS	or RTGS/Ba	nk Tran	sfer/Dem	and Dra	ıft	
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Yes

No

Whether belongs to the Scheduled Caste/Scheduled Tribe:

(If yes, please attach a certificate from the appropriate authority)

6.