

BENGAL LIBRARY ASSOCIATION

P-134, C.I.T. Scheme 52

Kolkata-700 014

[Please Fill up the Form and send it by-post to the Association Office within 7th September, 2022]

ABSTRACT INFORMATION

SC ST PH

Contact No.....

E-mail id.....

	Arts	Commerce	e Science
(Please tick on the box)		(Please tick on t	he box)
		FORM NO.	INT/
Name	(For Off	fice use only)	
Address	••••	Whether	deputed
		Yes	No

Marks obtained

Name of the School/College with	
District *	

*District: SF or equivalent 2) HS HS or equivalent	1) SF/MP	Examination	Grand Total	Total Marks Obtained	Percentage	Average %
2) HS HS or equivalent	*District:	SF or equivalent				
	2) HS	HS or equivalent				

*District:

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

Last date of submission of form <u>7th September, 2022</u> Price Rs. 100.00 Form No. INT/

District

BENGAL LIBRARY ASSOCIATION

General Office : P-134, C.I.T. Scheme 52, Entally, Padmapukur, Kolkata – 700 014 (12.00 p.m. to 5.00 p.m.) Phone : 8276032102 Website : <u>http://www.blacal.org</u>

For office use only

Selected /Waiting List

Roll No.

Sec.



PLEASE PASTE HERE SELF-ATTESTED COPY OF RECENT PHOTOGRAPH

CERTIFICATE IN LIBRARY SCIENCE COURSE

APPLICATION FORM

The Director Certificate in Library Science Course Bengal Library Association

Library Science Training Sub-Committee

Secretary

Sir,

I beg to apply for admission to the next Week-end/Summer session 2022-23 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 o	of 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	nt position:

FOR DEPUTED CANDIDATE ONLY

a) Name of the Institute/Organisation:

b) Designation:

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

NAME

(To be filled in by the candidate in block letters)

FORM NO.: INT/

Received the Application Form for the Certificate in Library Science Course for the Week-End/ Summer Session of 2022-23.

For General Secretary

• Do not tear off the slip from the Application Form

• Fill up the Application Form correctly

- 6. Whether belongs to the Scheduled Caste/Scheduled Tribe: (If yes, please attach a certificate from the appropriate authority)
- Yes No
- 7. Whether the candidate is permanently disabled? (If yes, please attach a certificate from the appropriate authority)

Yes No

8. Academic qualifications (Self attested copies of mark sheets of all public examinations should be attached):

Board/Council/ University	School/College /University	Exam Roll No.	Year	Examination Passed	Divn./ Class	Subjects	Grand Total	Total Marks obtained	Percentage

9. Payment Details:

a) Mode of Payment [Amount: Rs.100/-] (Please Tick on the following):

Google Pay/Phone Pay/IMPS or RTGS/Bank Transfer/Demand Draft

b) Transaction No./Draft No. and Name of the Bank:

c) Date of Transaction:

[N.B.: Payment should be made:

1) through Google Pay/Phone Pay to the following number: 9674712101 [Please attach screenshot of payment along with the form]

2) through IMPS/RTGS Mode in favour of <u>Bengal Library Association</u>, payable at Indian Bank, Branch: Kolkata Entally, Branch Address: P22, C.I.T. Road, Entally, Kolkata-700014, IFSC: IDIB000K751, Account No. 20488295691, MICR Code: 700019076 [*Please attach screenshot of payment along with the form*]

3) through Demand Draft in favour of <u>Bengal Library Association</u>, payable at Kolkata]

Full signature of the Candidate

Date: