

# **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 18th August, 2025]

## **ABSTRACT INFORMATION**

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(Please tick on the box)		(	Please tick on	the box)	
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Name of the School/College with District *		M	arks obtained	l	
1) SF/MP	Examination	Grand	Total	Percentage	Avera
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<sup>\*</sup> District means the district from where he/she passed the SF/HS Examination

Last date of submission of form 18<sup>th</sup> August, 2025

Price Rs. 100.00 Form No. INT/

District	
District	

### 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

Selected /Waiting List

Roll No.

Sec.

Secretary

**Library Science Training Sub-Committee** 



### CERTIFICATE IN LIBRARY SCIENCE COURSE

#### APPLICATION FORM

PLEASE PASTE
HERE SELFATTESTED 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, 2025-26 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	e (in block letters):
2.	Date	of Birth: District of Domicile:
3.	Fathe	r's/Husband's Name:
4.	a)	Permanent Address:
	b)	Correspondence Address:
	c)	Contact No.:
	d)	E-mail id:
5	Draca	nt nosition:

## FOR DEPUTED CANDIDATE ONLY

a)	Name of the Institute/Organisation:
b)	Designation:
c)	Working as full-time library staff since: Pay Scale: (Self-attested copy of the appointment letter along with salary statement and duty hours should be furnished)
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	Signature of the Head of the Institution
	BENGAL LIBRARY ASSOCIATION P-134, C.I.T. Scheme 52, Entally, Padmapukur, Kolkata – 700 014
NAI	ME
	(To be filled in by the candidate in block letters)
FOF	RM NO.: INT/
	eived the Application Form for the Certificate in Library Science Course for the Week-End/ nmer Session of 2025-26.

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

Board/Council/	School/College	Exam	Year	Examination		Subjects	Grand	Total Marks	Percer	tage
University	/University	Roll No.	1 Cai	Passed	Class	Buojects	Total	obtained		
a) Mo	ent Details: ode of Payment [a Google Pay/Ph ansaction No./Dr	onePe/IN	MPS o	r RTGS/Bank	x Transf	er/Demar	nd Draft			
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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.