

Form – A

APPLICATION FOR THE POST OF “LIBRARIAN” ON THE ESTABLISHMENT OF THE HIGH COURT, APPELLATE SIDE, BOMBAY

To,

The Registrar (Personnel),
High Court, Appellate Side,
Bombay.

Affix your latest
passport size
photograph here

Respected Sir,

I, the undersigned is willing to apply for the post of “**Librarian**”, on the establishment of the High Court, Appellate Side, Bombay. I am, therefore to forward herewith my detailed information as under :

Sr. No.	Name :- Shri/Smt./Ms.	First	Middle	Last
1.	Postal address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2.	District of Postal Address	<input style="width: 100%;" type="text"/>	Pin Code	<input style="width: 100%;" type="text"/>
3.	Nationality	<input style="width: 100%;" type="text"/>		
4.	Is the Candidate Domicile of Maharashtra	<input style="width: 100%;" type="text"/>		
5.	Email ID	<input style="width: 100%;" type="text"/>		
6.	Mobile No.	<input style="width: 100%;" type="text"/>		
7.	Aadhar Card No.	<input style="width: 100%;" type="text"/>		
8.	Gender	<input style="width: 100%;" type="text"/>		
9.	Religion, Category and Caste	Religion	Category	Caste
		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

10.	Date of Birth	Date: _____ Month : _____ Year: _____						
11.	Candidate's age as on the Date of publication of Advertisement	Years: _____ Months : _____ Days: _____						
12.	Place of Birth							
13.	Whether candidate is Unmarried/Married/Divorcee?							
14.	Number of Living Child/Children							
15.	Number of Child/Children born after 28/03/2005 (* mention dates of birth, if any)							
16.	Whether Candidate is Differently-abled Person?	Yes / No		If Yes, Partially / Permanent				
17.	Details of Educational Qualification :-							
	Educational Qualification	Graduate Stream	Board/ University	Year of Passing	Out of Marks	Total Marks Obtained	Class	Percentage
18.	Computer Proficiency (Details of Computer Courses)	Name of the Course	Certificate issued by	Duration (Months)	Out of Marks	Total Marks Obtained	Grade	Date of Passing

19.	Experience (working as Librarian or on any other equivalent post in any Government, University, College, School or Public Library)	Sr. No.	Name & Address of organisation	Name of the Post	Duration		Total work experience (Years and Months)	
					From	To		
20.	Language Known	Marathi <input type="checkbox"/> Yes / <input type="checkbox"/> No	Hindi <input type="checkbox"/> Yes / <input type="checkbox"/> No	English <input type="checkbox"/> Yes / <input type="checkbox"/> No				
21.	Does candidate work in any Government Department?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> If Yes : Is the applicant submitting application through proper Channel ? _____					
22.	Whether candidate has enrolled his/her name at Employment Exchange?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> If Yes, 1) Registration No. : _____ 2) Registration Date : _____ 3) District : _____					
23.	(a) Is there any criminal proceeding pending against the candidate?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> If Yes	<input type="checkbox"/> Details -				
							
	(b) Is he/she convicted by a Criminal Court?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> If Yes	<input type="checkbox"/> Details -				
23.	(c) Is he/she facing disciplinary/ departmental enquiry?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> If Yes	<input type="checkbox"/> Details -		<input type="checkbox"/> Not relevant		
	(*If Yes, Please attached relevant documents)							
24.	Whether permanently debarred or disqualified by any Court/MPSC/ UPSC or any State Service Commission from appearing in any examination conducted by them?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> If Yes	<input type="checkbox"/> Details -				
(*If Yes, Please attached relevant documents)								

25. Name and address of two respectable persons, who have issued Character Certificates to the candidates	Name	:		Name	:	
	Occupation/ Designation	:		Occupation/ Designation	:	
	Cell No.	:		Cell No.	:	
	Address	:		Address	:	
26. Fee Details	Postal Order/ Demand Draft Number :-					
	Date (DD/MM/YYYY) :-					
	Amount :- Rs. 1,000/-					

I, the applicant do hereby affirm that, all the details furnished in the application are true and correct as per my knowledge. If any information is found to be false/incorrect, then I will be liable to be disqualified from the process of selection and/or if I have been selected/appointed, my services would be liable to be terminated without any notice.

Place :-

Date :-

Name and Signature of Applicant

The following documents are attached alongwith application :-

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
