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| Logo | **భారతీయ పెట్రోలియం మరియు శక్తి సంస్థాన్****भारतीय पेट्रोलियम और ऊर्जा संस्थान****INDIAN INSTITUTE OF PETROLEUM AND ENERGY**(An Institute of National Importance by an Act of Parliament)2nd Floor, Main Building, AU College of Engineering, Visakhapatnam – 530003 |
| **Email:** library@iipe.ac.in **🖀**+91 891- 285 6050 |

**APPLICATION FOR LIBRARY TRAINEE**

*Before applying read Advertisemnt carefully. [Send filled scanned copy at* *library@iipe.ac.in* *]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Reference No. |  | : | IIPE/Lib/Intern/2023-24 Date: 06.04.2023 |      |  Affix here recent passport size photograph |
| Applied for |  | : | Library Professional Trainee |
| Last Date to Apply  |  | : |  24th April 2023 |
| Date of Exam/ Skill Test/ Interview |  | : |  27th April 2023 (Tentative) |

PERSONAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| 1.  | Name  | ::  |   |
|  |
| 2.  | Gender  | :  |   |
| 3. | Father’s/Mother’s/ Guardian Name | : |  |
| 4. | Date of Birth) | : | DD/MM/YYYY |
| 5. | Age as on 22.04.2023 | : | YYYY/MM/DD |
| 6. | Email ID | : |  |
| 7. | Mobile Number | : |  |
| 8. | Category  | : | GENERAL/ SC/ ST/ OBC/EWS/ PH |
| 9. | Address for Corresopndence | :: |  |
|  |
| 10 | Permanent Address | :: |  |
|  |

11. EDUCATIONAL QUALIFICATIONS :

(Please attach self-attested copies of the Certificates)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Examination Passed* | *Board/ University/ Insttute* | *Year of Passing* | *Grade/ Division* | *Percentage/ CGPA (If percentage not applicable)* | *Subject Studied* |
| 10th  |  |  |  |  |  |
| 12th  |  |  |  |  |  |
| Graduation |  |  |  |  |  |
| Post Graduation |  |  |  |  |  |
| BLISc. |  |  |  |  |  |
| MLISc. |  |  |  |  |  |

12. Other Qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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13. Contact Information of TWO References

|  |  |  |
| --- | --- | --- |
| *[Reference 1]* |  | *[Reference2]* |
| Name: | : | Name: |
| Designation; | : | Designation: |
| Organisation: | : | Organisation: |
| Address: | : | Address: |
| Phone No.: | : | Phone No.: |
| Email: | : | Email: |

14. Number of Enclosures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declaration

I hereby declare that the particulars given above are true and correct. At any stage if any of the information furnished by me is found to be false or incorrect, suitable action may be taken against me. If selected, I agreed to abide by the rules and regulations of the Institute.

Place: Full Signature of the Candidate