



THE GANDHIGRAM RURAL INSTITUTE

(Deemed to be University)

GANDHIGRAM – 624 302 :: DINDIGUL DISTRICT :: TAMIL NADU

Ministry of Education (Shiksha Mantralaya), Govt. of India

Accredited by NAAC with 'A' Grade (3rd Cycle)

Walk-in-interview Notification for Engaging of Assistant Librarian (Temporary)

Date & Time: 18.01.2024 : 10.30 am

Venue : Indira Gandhi Block

Instructions

1. The Candidates are informed to download the **Application Proforma** and bring the filled-in form at the time of Interview.
2. The Candidates are informed to provide **original evidence** of the particulars at the time of interview without fail.
3. The candidates are informed to appear **one hour before** the time allotted.
4. The University reserves the right to fill or not to fill the vacancies.

S. No.	Schools / Departments / Centres	Qualification and Specialization
1.	Dr.G.R.Library	<p>A Master's Degree in Library and Information Science/ Information Science/Documentation Science or an equivalent professional degree with at least 55% marks with NET/SLET/Ph.D. and other conditions as stipulated by the UGC.</p> <p><u>Specialization:</u></p> <ol style="list-style-type: none">1. Knowledge in Library Automation (KOHA Software)2. Familiarity in MARC Format



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**Application Proforma for engaging of Assistant Librarian
(Temporary)**

Photo

1.	Name of the Candidate	
2.	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>
3.	Community	SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> UR <input type="checkbox"/>
4.	Date of Birth	DD / MM / YYYY Age _____ (as on 01-01-2024)
5.	Address for Communication	
	Pin code :	
	Cell No:	
	E-mail:	
PAN		
Aadhar No. (copy to be enclosed)		
6.	Educational Qualification:	
	UG (Name of the Degree with Major)	(_____ %)
	PG (Name of the Degree with subject)	(_____ %)
	NET / SLET / SET (Reg. No. & Year)	
	Technical Qualifications:	
	1)	
	2)	

7.	Details of Experience			
	Name of the post held	Name of the University / Institute / Organisation	Period of service(s)	
From			To	Total
i)				
ii)				
iii)				
Total		Years: _____ Months: _____		

* Scanned copies of the proofs may be attached wherever necessary.

Signature of the Candidate

Specific Remarks of the Dean / Head / Director :

FOR OFFICE USE ONLY

The qualification and specialization prescribed by UGC along with experience is verified with the original certificates and found correct. He / She is eligible to attend the interview.

1.

2.

3.

(Name & Signature)

(Name & Signature)