

THE GANDHIGRAM RURAL INSTITUTE

(Deemed to be University)

GANDHIGRAM – 624 302 :: DINDIGUL DISTRICT :: TAMIL NADU
Ministry of Education, (Shiksha Mandtralaya), Govt. of India
Accredited by NAAC with 'A' Grade (3rd Cycle)

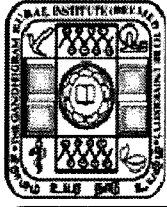
WALK-IN-INTERVIEW Notification for Engaging of Assistant Librarian (Temporary)

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.

Date & Time: 23.12.2024; 11.00 am/; Venue: Indira Gandhi Block

S. No.	Schools / Departments / Centres	Qualification and Specialization
1.	Dr.G.Ramachandran Library	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. 1. Knowledge in Library Automation (KOHA Software) 2. Familiarity in MARC Format



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Photo

Application Proforma for the engaging of Assistant Librarian (Temporary)

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)	(____ %)			
	M.Phil. (Specialization/Branch & Year) with subject				
	Ph.D. (Specialization/Branch & Year)				
	Post-Doctoral experience (indicate period & the Institution)				
	NET / SLET / SET (Reg. No. & Year)				
7.	Details of Teaching 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: ____		

8.	Research contributions made*	
	a) Total no. of research articles in UGC CARE listed journals / SCI journals	
	b) No. of books authored	
	c) No. of chapters in books authored	
	d) No. of presentations in the International conferences	
	e) No. of presentations in the National conferences	
	f) Details of patents (if any)	
	g) h-index	
h) Total no. of citations		
9.	Awards / Honors received (if any)	

* 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)

(Name & Signature)