

Dr. Zakir Husain Library
JAMIA MILLIA ISLAMIA

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APPLICATION FOR LIBRARY TRAINEE

Name of the Applicant:

Father's /Husband's name:

Permanent Address:

Address for Correspondence:

Pin code

State

Telephone/Mobile No.:

E-mail:

Date of Birth:

Educational/Professional Qualifications:(Latest first)	S.No.	Degree	Board/University	Year of Passing	% of marks	Division/Class	Subjects

Computer typing skill (w.p.m.) English= ___ Hindi= ___ Urdu= ___ Arabic= ___ Persian= ___

Date:

Place:

(Name & Signature)