



**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)**

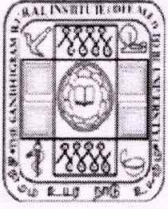
**Venue : Board Room (Administrative Block)**

**Date : 18.04.2022 Time : 11.00 a.m.**

**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/SET.</p> <p><u>Specialization:</u></p> <ol style="list-style-type: none"><li>1. Knowledge in Library Automation (KOHA Software)</li><li>2. Familiarity in MARC Format</li></ol>



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

Photo

School/Department/Centre : \_\_\_\_\_

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 01-01-2022)			
5.	Address for Communication				
	Pin code :				
	Cell No:				
	E-mail:				
	PAN				
	Aadhar No. (copy to be enclosed)				
6.	<b>Educational Qualification:</b>				
	UG (Name of the Degree with Major)	( ____ %)			
	PG (Name of the Degree with subject)	( ____ %)			
	NET / SLET / SET (Reg. No. & Year)				
	<b>Technical Qualifications:</b>				
	1)				
2)					
7.	<b>Details of Experience</b>				
	<b>Name of the post held</b>	<b>Name of the University / Institute / Organisation</b>	<b>Period of service(s)</b>		
			From	To	Total
	i)				
	ii)				
iii)					
	<b>Total</b>		<b>Years: ____</b>	<b>Months: ____</b>	

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

Signature of the Candidate

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**Specific Remarks of the Dean / Head / Director :**

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**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)