



B.M.S. COLLEGE OF ENGINEERING, BENGALURU-19
Autonomous Institute, Affiliated to VTU / Approved by AICTE / Accredited by NBA

APPLICATION FOR LIBRARIAN POSITION

Application No. _____

For the Post of: _____

Department: _____

Reference: _____

(Notification Number & Date)

Please Affix recent
Passport
(35 x 35 mm)
Photograph

| | | | |
|---|---------------------------|-------|-------|
| 1. Name in Full (In capital Letters only) | | | |
| 2. Father's Name & Occupation | | | |
| 3. Address for Correspondence | | | |
| 4. Contact Number & Email ID | Mobile No : Email ID : | | |
| 5. Date of Birth | | | |
| 6. Age as on 11-05-2022 (YY/MM/DD) | | | |
| 7. Place of Birth | | | |
| 8. Religion | | | |
| 9. Caste | | | |
| 10. Reservation Category (Enclose copies of Certificate issued by competent authority) | | | |
| 11. Languages known | | | |
| Language | Read | Speak | Write |
| | | | |
| | | | |
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| | |
|--|--|
| 12. Highest Educational Qualification | |
|--|--|

| | | | | | | |
|---|--|--|--|--|--|--|
| Details of Educational Qualification | | | | | | |
|---|--|--|--|--|--|--|

| Degree | Course | Specialization | Name of the Institution | Year of Passing | Percentage of Marks | Class Awarded |
|--------|--------|----------------|-------------------------|-----------------|---------------------|---------------|
| PhD | | | | | | |

| | | | | | | |
|-----------------------------|--|--|--|--|--|--|
| POST GRADUATION (PG) | | | | | | |
|-----------------------------|--|--|--|--|--|--|

| | | | | | | |
|-----------|--|--|--|--|--|--|
| M.Lib Sc. | | | | | | |
| M.Phil. | | | | | | |

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|------------------------------|--|--|--|--|--|--|
| UNDER GRADUATION (UG) | | | | | | |
|------------------------------|--|--|--|--|--|--|

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|----------------|--|--|--|--|--|--|
| Dip in Lib Sc. | | | | | | |
| B.Lib Sc. | | | | | | |
| Other | | | | | | |

| | |
|--|--|
| 13. Total No. of years of Research Experience | |
|--|--|

Details (Use separate sheets, if required)

| Name of the University / Institution | Area of Research | Period | | |
|--------------------------------------|------------------|--------|----|-------|
| | | From | To | Total |
| | | | | |
| | | | | |
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| | | | | |

| | |
|--|--|
| 14. Total No. of Publications (National & International Journals, Conferences and Books with ISBN Number if any) | |
|--|--|

For details of Publications (Please attach separate sheet giving details of journal/ impact factors and citations from Google scholar, Scopus and web of science)

| Title of the Paper | National / International | Year and Month of Publication | Conference / Journal |
|--------------------|--------------------------|-------------------------------|----------------------|
| | | | |
| | | | |
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|--|---------------------------------------|----------------------|--|----------------|
| 15. Research grants (please attach a separate sheet) | Awarded (Numbers & In Rs.) | | On-going (Numbers & In Rs.) | |
| | | | | |
| 16. Patents (please attach a separate sheet) | Filed | Published | | Granted |
| | | | | |
| 17. Consultancy (please attach a separate sheet) | Awarded | | On-going | |
| | | | | |
| 18. Teaching Experience (Total No. of years) | | | | |
| Details of Teaching Experience | | | | |
| Name of the University / Institution | Designation | Period | | |
| | | From | To | Total |
| | | | | Years |
| | | | | |
| | | | | |
| | | | | |
| 19. Industrial Experience (Total No. of years) | | | | |
| Details of Industrial Experience | | | | |
| Name of the Organization | Position Held | Period | | |
| | | From | To | Total |
| | | | | Years |
| | | | | |
| | | | | |
| | | | | |
| 20. Affiliations to Professional Organizations | | | | |
| Name of the Professional Body | Grade of Membership | Number of Membership | Year of Selection | |
| | | | | |
| | | | | |
| 21. Special Award / Achievements or any other information : (please attach a separate sheet) | | | | |
| | | | | |

22. Sponsored/Collaborative Research Projects:

(Please attach a separate sheet giving details of the projects executed in the last 5 years)

23. Social Engineering:

(Please attach a separate sheet giving details of your involvement as solution provider for societal issues in the last 5 years)

24. Leadership (Applicable for Professor, Associate professor and R&D positions)

(Please attach a separate sheet indicating your role in providing leadership in any of the Academic /Research activities which were significant in your previous organization in the last 5 years)

25. Statement of Purpose (SOP):

(Please attach a separate sheet stating your purpose to join as a faculty member in BMSCE)

26. Details of the References

| Name | Occupation or Position | Address for Communication with Contact Number |
|------|------------------------|--|
| | | |
| | | |

(Please furnish at least 2 testimonials from the reference who are acquainted with the character and work of the applicant. Attach the testimonials / reference letters separately)

27. Declaration :

I hereby declare that the information furnished in this application form is true to the best of my knowledge and behalf.

Place:

Date:

Signature of the candidate

28. List of documents to be attached with the application

| Title of the document | Number of documents | Please tick | |
|--|---------------------|-------------|--------------|
| | | Attached | Not Attached |
| SSLC Marks Card or age proof document | | | |
| Bachelors Degree Certificate | | | |
| Bachelors Degree Marks cards | | | |
| Masters Degree Certificate | | | |
| Masters Degree Marks cards | | | |
| Ph.D. Degree Certificate | | | |
| Other Certificates (Please Specify) | | | |
| Research Experience Certificate | | | |
| Teaching Experience Certificate | | | |
| Industrial Experience Certificate | | | |

| Title of the document | Number of documents | Please tick | |
|-------------------------------------|---------------------|-------------|--------------------|
| | | Attached | Attached |
| Research Publications/ Papers | | | |
| Professional Membership Certificate | | | |
| Copy of Aadhar card | | | |
| Copy of PAN card | | | |
| Reference Letters | | | |
| Details of Fee Paid | | | |
| DD No. | Date | Amount | Bank & Branch Name |
| | | | |

The Applicants are required to submit the filled in application form in duplicate to the following address.

To,
The Principal
BMS College of Engineering
PO Box No. 1908
Bull Temple Road
Bangalore-560019
Karnataka, India.
Phone: 080-26622130 - 35

Issued by the Office of the Principal, BMS College of Engineering, Bangalore