

Library Trainee Joining Form
For LNB Library, Dibrugarh University

1. Name in Full: _____

2. Date of Birth (Certificate to be uploaded): _____

3. Qualification (Certificates/Mark sheets to be uploaded): _____

4. Permanent Address: _____

5. Corresponding Address: _____

9. Contact Details (with Mail ID & Mobile No.): Mobile No. _____

E-Mail: _____

Local address of accommodation (PG/Hostel, etc.) _____

10. Self Declaration

I declared that all the above information and testimonials submitted are true and correct to the best of my knowledge and belief. Any wrong statement may lead to the termination of my Library Traineeship without any prior notice. I do hereby accept the terms and conditions laid down in the Master Library Traineeship Agreement and will abide by the same in totality.

Date: _____

Signature: _____