

Name:

## NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA, SURATHKAL P.O.SRINIVASNAGAR- MANGALORE-575 025,

## **Application for Library Apprentice Trainees at Central Library**

	Date of Birth:					
	Permanent Address:			Affix a passport size photo		
	Correspondence Address:					
	Gender:					
	E- Mail (mandatory):					
	Mobile Number (mandatory):					
	Qualification Details (10th o	onwards):				
S1.	Name of the	University/Board/Institute	Yea	ar of	Division/	
No.	Examination		Pas	ssing	Class	

Date:

Place:

Any Other relevant information:

Signature