**National Library and Documentation Services Board**

*Office use only*

**Reference Number:………./2025**

# APPLICATION FOR NATIONAL LIBRARY RESEARCH AWARD- 2025

1. **GENERAL INFORMATION**

*(If more than one applicant is involved, each author should submit a separate application form, completing only Sections 1 and 2)*

* 1. Name in Full (Ven./Rev./Prof./Dr./Mr./Mrs./Ms.):

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1.2 Name with initials: …………………………………………………………………………………………………………………………………………………………….

1.3 Permanent Address:

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1.4 Official Address:

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1.5 Contact Information

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Telephone (Official/Fixed):

Mobile:

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E-mail:

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1.6 Date of Birth (dd/mm/yyyy):

1.7 Gender: Male Female

**1.8 Present Employment**

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| --- | --- | --- | --- | --- |
| **Designation** | **Name of the Employer** | **Employment Status** (permanent/ probationary/ temporary) | **Date of Appointment** | **Sector** (Government, Private, etc.) |
|  |  |  |  |  |

 **1.9 Previous Working Experiences**

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| --- | --- | --- | --- | --- |
| **Designation** | **Name of the Employer** | **Employment Status** (permanent/ probationary/ temporary) | **From** | **To** |
| **DD** | **MM** | **YY** | **DD** | **MM** | **YY** |
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#  ACADEMIC QUALIFICATIONS

2.1 Undergraduate Academic Record

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| --- | --- | --- | --- | --- | --- |
| Degree Title | University/Institution | Course Duration | Effective Date of Degree | Class or Grade | Courses/subjects followed |
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 2.2 Postgraduate Qualifications

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| --- | --- | --- | --- | --- | --- |
| Degree Title | University/Institution | Course Duration | Effective Date of Degree | Class or Grade | Courses/Main subjects followed |
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 *(Copies of the highest qualification degree certificates/transcripts containing the details should be attached)*

2.3 Other relevant academic/professional Qualifications (National /International):

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| --- | --- | --- | --- |
| Qualification | Institution | Duration | Effective Date |
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 **2.4 Membership of Professional Associations (National /International):**

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| --- | --- | --- |
| **Membership type****(Co-operate /Associate etc.)** | **Institution** | **Date on which membership awarded** |
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*(copies of the relevant certificates should be attached)*

 **2.5 Any other Academic Distinctions, Scholarships, Medals, Prizes, etc. (relevant to this research**

 **study/project)**

|  |  |  |
| --- | --- | --- |
| **Academic Distinctions, Scholarships, Medals, Prizes, etc.** | **Institution** | **Remarks** |
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**2.6 Research & Publications;** starting with most recent

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 **3.PARTICULARS OF RESEARCH/WORK THAT YOU ARE PROPOSING TO THE AWARD**

 **3.1 Introduction of the Study/Project**

|  |  |
| --- | --- |
| **Title**  |  |
| **Summary of the Study/Project:** (Explain briefly the research problem, significance of the study, ethical consideration, objectives, methodology, results/findings or outputs and its application to the LIS field, period of the study/project, contributors/collaborators of the study/project) Not exceeding the word limit 1500, font type: Times New Roman, font size: 12, spacing:1.5 |
|  |

**3.2 Provide details if you have published the research work/project relevant to your study/project**

(eg: Conference paper/presentation/journal article/web content/ news, etc.,).

 *Please attach the evidence*

* 1. **Provide details if you have obtained patronage for the work/project.** (*Please attach the evidence)*

**4. DECLARATION**

4.1 Declaration by the Applicant

I/We have read and understood the Rules and Conditions of the National Library Research Award and, if selected, agree to abide by them. I/We hereby declare that this research work/project has not been funded by any institution and certify that the particulars submitted by me/us in this application and its annexures are true and accurate. I/We am/are aware that if any information provided is found to be false or inaccurate, I/We will be liable for disqualification.

 Signature of Applicant: …………………… Date: ………………………….

4.2 Recommendation by the Supervisor/Head of the Department/Institution *(if applicable)*

I hereby declare that the research work/project submitted by the applicant has been duly reviewed by me and is, to the best of my knowledge, genuine and accurate. I further confirm that the information provided in support of this recommendation is true and correct.

|  |  |
| --- | --- |
| Name: |  |
| Designation: |  |
| Department/Institution: |  |
| Signature  |  Date: |
| Official Stamp |  |