

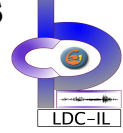


# CENTRAL INSTITUTE OF INDIAN LANGUAGES

Department of Higher Education

Ministry of Human Resource Development, Government of India

Manasagangotri, Mysore - 570 006, Karnataka



## Linguistic Data Consortium for Indian Languages (LDC-IL)

### Recruitment of Junior Resource Persons

Photo

|    |  |                            |   |  |
|----|--|----------------------------|---|--|
| 1. | Name and Address<br>(with district, state & PIN)<br>All in block letters | :                          |   |  |
|    | Telephone No. (with STD Code)  | :                          |   |  |
|    | Mobile No. (optional)  | :                          |   |  |
|    | E-mail   | :                          |   |  |
| 2. | Gender, Age & Date of Birth  | :                          | M / F ; Aged _____ yrs; Born on : _____ |  |
| 3. | Nationality & Languages known<br>(Mother Tongue to be underlined)        | :                          |   |  |
| 4. | Educational Qualifications (from Matriculation onwards):                 |                            |   |  |
|    | Year   | Course & Subjects studied  | Institution / Board                     | Total % of Marks or Grade (with scale points) obtained |
|    |  |                            |   |  |
|    |  |                            |   |  |
|    |  |                            |   |  |
|    |  |                            |   |  |
|    |  |                            |   |  |
| 5. | Special Training received, if any:                                       |                            |   |  |
|    | Year & Duration  | Name of Training programme | Institution                             | Remarks  |
|    |  |                            |   |  |
|    |  |                            |   |  |
|    |  |                            |   |  |

| 6. Work Experience: |                     |             |         |
|---------------------|---------------------|-------------|---------|
| Year                | Nature of work done | Institution | Remarks |
|                     |                     |             |         |
|                     |                     |             |         |
|                     |                     |             |         |

|    |                                   |   |  |
|----|-----------------------------------|---|--|
| 7. | List of Publications if necessary | : |  |
| 8. | Any other relevant information    | : |  |

The information provided is true to the best of my knowledge.

Place :

Date :

(Signature of applicant)

**Note:**

1. The Institute reserves the right to accept or reject any application without assigning any reason to the candidate.
2. Application should be sent to **LDC-IL Project, Central Institute of Indian Languages, Manasagangotri, Mysore – 570 006** or to **email id : ldc-parthasarathy@ciil.stpmy.soft.net.**