



**Society for the Advancement of Library and Information Science
(SALIS)**

32G, 2nd Main Road, Sabari Nagar Extension, Mugalivakkam, Chennai – 600 125.
Tel: 044-2252 2448 E-mail: salislib.info@gmail.com Web: www.salis.in

**SALIS - Dr.A.Essaki - Memorial Special Appreciation and Meritorious Service
Award (Public Library)**

For the Year:

Application Form

(Give full details for each category and attach support documents wherever necessary for verification. Application without full details will be rejected)

1. Personal Data

- Name : Mr. / Ms./Dr. _____
- Date of Birth : Age:
- Contact Address :
- E-mail : Tel (Off): Res:
- Years of Experience:

2. Qualification(s)

- Educational
- Professional
- Any other

3. Employment Details (Start with Current)

Designation	Organisation	Pay	Period		Nature of Duties	Major achievements
			From	To		

4. Innovative Service(s) introduced(give details)

Service / Methods / Scheme

- a.
- b.
- c.

5. **Publications** (Give full details)
Books and in journals :
6. **Paper Presentation in Seminars/Conferences:**
- Papers presented in International Conferences / Seminars :
 - Papers presented in National Conferences / Seminars :
7. **Conference / Seminars / Courses Attended** (Give details)
i). International
ii). National
8. **Conference / Seminar s / Courses organized / conducted** (Give details)
9. **Invited Lectures delivered (in conferences / seminars / courses)** (Give details)
10. **Professional Activities – in the capacity of** (Give name of the professional body, period and position)
- Member of Professional bodies
 - Office-bearer of Professional body
11. **Any other achievements:**
12. **Please give your self-assessment as to why you may be selected for this award (100 words)**
13. **Enclose two References (along with details of name, designation, complete address, E-mail and Telephone Number of the referees) who are holding the responsible positions. Among them, one should be the head of the institution/head of the department of the organization where the applicant is working.**
14. **Any other details to be considered**

Declaration: Information given above are correct and true to the best of my knowledge.

Date:

Signature of the Applicant

Place:

Recommendation:

1. I hereby recommend Mr./Ms./Dr. _____ for the above award.

1. Name
2. Designation
3. Institution
4. Address
5. Email
6. Contact .No.

Date

Signature

2. I hereby recommend Mr./Ms./Dr. _____ for the above award.

1. Name
2. Designation
3. Institution
4. Address
5. Email
6. Contact No.

Date

Signature

About the Award: ***SALIS has instituted this award to recognize the LIS professionals working in Public Library who contributes for the development of Public Library***

Eligibility Criteria:

1. Applicant/Nominee should be a citizen of India and his/her conduct must be good.
2. The applicant should be a working library professional who holds at least Bachelors degree in library science or its equivalent.
3. Interested professionals should apply in the prescribed application form only
4. Nomination can be self or by a responsible library professional
5. Give full details for each category and attach support documents for verification.
6. Enclose separate sheets wherever necessary to give details
7. Applications without full details and support documents will be rejected
8. The application form can be obtained from the SALIS office or downloaded from the SALIS website – <http://salis.in>
9. Filled application should reach the office within 3 weeks after the announcement
10. The decision of the committee constituted by SALIS to select the candidate for the award is final.
11. Award Committee has the right to post-pone or cancels the award for any unavoidable reason.
12. All correspondence should be addressed to the 'Convener, SALIS Award Committee, SALIS, Plot No.32, 2nd Main Road, Sabari Nagar Extension, Mugalivakkam, Chennai – 600 125. Any enquires about the award may be sent to the **Convener** at **salislib.info@gmail.com**