**Annexure-1: Printed Data Capture Form**

**Submit Your Data for Inclusion into the**

**Directory of LIS Professionals in Assam**

**(The Online Data Capture Form is also Available)**

**1. All fields are mandatory**.

2. When **Official Phone** number is not available, kindly mention your alternative / second personal phone number (if available), otherwise leave it as blank.

3. When **Official Email Id.** is not available, kindly mention your alternative / second personal Email Id (if available), otherwise leave it as blank.

4. Fill in the form by using Title Case (Kindly dont write all in ~~UPPER CASE LETTER~~ / ~~lower case letter~~)

5. Kindly be very careful in filling in the form as it will be published as it is entered into the form from your end.

|  |  |
| --- | --- |
| **Official Address** | |
| **Title** | **Mr. / Ms. / Dr. / Prof.** |
| **Name in Full** |  |
| **Designation** |  |
| **Name of the Library / Department** |  |
| **Full Name of the Working Institute** |  |
| **By-Lane, Locality, Village, etc.** |  |
| **P.O.** |  |
| **District** |  |
| **State** |  |
| **Pin** |  |
| **Official Phone** |  |
| **Official Email** |  |
| **Residential Address** | |
| **C/O, House No. / Flat, etc.** |  |
| **By-Lane, Locality, Village, etc.** |  |
| **P.O.** |  |
| **District** |  |
| **State** |  |
| **Pin** |  |
| **Personal Phone** |  |
| **Personal Email** |  |

**Date of Data Collection / Submission : DD/MM/YYYY**

**Name of the Data Collector / Submitter :**

Kindly send the fill in form toDr. Badan Barman, Assistant Professor, Department of Library and Information Science, Gauhati University, Guwahati-781014, Assam, Mobile: 9864205166, Email: badanbarman@gmail.com