



SHRI MATA VAISHNO DEVI UNIVERSITY

Kakryal, Katra-182320(J&K)
EPABX No.: 01991-285524 Extn. 2103 & 2104
website: www.smvdu.ac.in

Advt. No.

(Office Use Only)

Regd. No.:

Application Form for Non-Teaching Position

1. Details of application fee payment (if any)

DD #	Date	Amount	Name of the Bank	Issuing Branch Name

2. Name of the post applied for :

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Personal details

3.	Name (in Capital Letters)	First Name	Middle Name	Surname				
4.	Date of birth	Day	Month	Year	Age as on date of advertisement	Years	Months	
5.	Place of birth	City/ Village	State	Country				
6.	Father's name							
7.	Mother's name							
8.	Nationality					9. Gender:		
10.	Marital status	a. Married / Unmarried b. If married, name of spouse:						
11.	Category (Tick ✓ applicable)	GEN / SC / ST / OBC / PWD						
12.	If physically disabled, indicate the relevant particulars	If applicable, Write 'yes'	Percentage of disability	S.No. of proof enclosed				
a. Blindness or low vision :								
b. Hearing impairment								
c. Locomotor disability or cerebral palsy (includes all cases of Orthopedically handicapped)								

13. Educational qualifications (Attach additional pages, if required)

	Name of the course	Name of the Board / University	Month & Year passing	Division	% of Marks	CGPA (if grading is applicable)	Subjects studied	S.No. of proof enclosed
10 th Class / equivalent								
10+2 / equivalent								
Bachelor's Degree								
Master's Degree								
Any other examination passed								

14. Chronological list of experience (Starting with the first appointment)							
Designation	Scale of pay	Name & address of employers	Period of Experience			Nature of work / duties	S.No. of proof enclosed
			From date	To date	No. of years / months (As on date of advertisement)		
Total period of experience							

15. Names and complete postal addresses of 3 referees (The referee should be the last employers of the candidate or any other person having know-how of candidate's experience/knowledge and should not be related to the applicant)			
Names & complete postal addresses	Referee-1	Referee-2	Referee-3
Email:			
Landline phone (with STD Code)			
Mobile Phone			
Fax			

16. Present position details / If retired, last position details						
Designation	Name of the University / institution	Basic Pay (Rs.)	Pay Scale (Rs.)	Gross Pay / Total Salary p.m. (Rs.)	Increment date (Date/Month)	S.No. of proof enclosed

17. Languages known			
Language	Reading	Writing	Speaking

19. Publications (Mention here only numbers. The details and copies of the reprints be appended, without which the information will be considered incomplete)

i. Research Papers in SCI Journals

S No	Authors	Title of the Paper	Journal's Name & Place of Publication	Publication & ISSN	Vol./ Page No/ Year	Impact Factor
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ii. Research Papers in Non-SCI Journals

S No	Authors	Title of the Paper	Name of Journal & Place of Publication	Publication & ISSN	Vol./ Page No/ Year	Impact Factor
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iii. Research Articles in Books

S No	Authors	Title of the Book	Title of the Article	Place of Publication	Publisher & ISBN	Page No
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23. Research Guidance (No. of students guided)

M.Phil. / M.Tech.

Ph.D. (No.)

**S.No. of
proof**

Incomplete Application Forms will be rejected

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**30. Check list of self-attested testimonials attached (original to be produced at the time of interview).
Please tick () the ones applicable**

- i. Matriculation mark sheet / certificate
- ii. Intermediate mark sheet / certificate
- iii. B.A./ B.Sc. /B.Com (Final) mark sheet/ degree
- iv. M.A./ M.Sc. /M.Com(Final) mark sheet/ degree
- v. L.L.B (Final) mark sheet / degree
- vi. L.L.M mark sheet / degree
- vii. Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc.)

viii.Experience certificates

ix. Recommendation letter(s)

x. Award (s) /Fellowship (s)

xi. Other (s) Date of Birth, Computer Knowledge, Conferences / Training programme organised / attended.(03)

Total Number of above self-attested testimonials attached (in words :)

N.B. Applications without the above self-attested testimonials will not be entertained

31. Declaration					
I,	1.	Name of the post applied for: _____			hereby declare that all the entries
	2.	Name: _____ Male/Female _____ Married/Unmarried _____			made by me in this application are true, to the best of my knowledge and belief. No disciplinary / vigilance case has ever been held or contemplated or is pending against me. If anything is found false or incorrect at any stage, my candidature / appointment may be cancelled by the university without assigning any reason therefor.
	3.	Date of birth DD/MM/YYYY	Place of birth	Age	Community/Category: SC/ST/OBC/PWD/others
Signature of the applicant					
Date : _____					
Name as signed (in BLOCK LETTERS)					
Application not signed by the candidate is liable to be rejected.					

32. Endorsement by the EMPLOYER	
a). In case of in-service candidates in Government/Semi-Government organizations/Public Sector Undertakings/Autonomous Organizations, the endorsement form must be signed by the employer.	
b). In case of in-service candidates from Private Sector, acceptance of resignation and relieving letter from the employer at the time of joining must be submitted.	
Forwarded to the Registrar, Shri Mata Vaishno Devi University, Kakryal-182320, Katra J&K.:	
The applicant Dr./Mr./Mrs/Ms. _____, who has submitted this application for the post of _____ in the SMVD University, has been working in this organization namely _____ in the post of _____ in a temporary / contract/ permanent capacity with effect from _____ in the Scale of Pay of _____ He /She is drawing a basic pay of Rs. _____. His / Her next increment is due on	
Further, it is certified that no disciplinary / vigilance case has ever been held or contemplated or is pending against the said applicant. There is no objection for his/her application being considered by the SMVD University, Katra.	
(Signature of the forwarding officer)	
Name: Designation: Seal:	
Date :	Place:



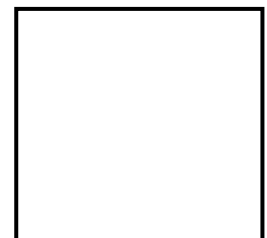
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4.	DD Number	Date	Amount	Name of the Bank	DD issuing branch's name
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6. Chronological list of experience			(Starting with the first appointment)			Nature of work / duties	
Designation	Scale of pay	Name & address of employers	From date	To date	No. of years/ months		
5. Educational qualifications	Name of the course	Name of the Board / University	Month & Year Passed/ Award	Division	% of Marks	CGPA (if applicable)	
10 th Class / equivalent							
10+2 /equivalent							
Bachelor's degree							
Master's degree							
7. Total period of experience:							
examination Passed							

Non-Teaching Position – Summary Sheet

8. Present Designation	Name of the University / institution	Basic Pay (Rs.)	Pay Scale (Rs.)	Gross / Total Salary p.m. (Rs.)	Increment date (Date/Month)
9. Name & Address for correspondence :					
Name		Mailing address		Permanent address	
Complete Address with pin code					
Email:		Phone No. (Landline with STD code)		Mobile No.	Fax No.
10. Applied (Through Proper Channel)		Yes / No			

Signature of the applicant