



SHRI MATA VAISHNO DEVI UNIVERSITY

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

Advt. No.
(Office Use Only)
Regd. No.:

Application Form for Contractual Faculty Position

- Name of the post applied for :
- Name of the School for which applied :
- Applicant's area of specialization :

Paste your recent
 passport size
 photograph here

Personal details

5.	Name (in Capital Letters)	First Name			Middle Name	Surname	
6.	Date of birth	Day	Month	Year	Age as on date of advertisement	Years	Months
7.	Place of birth	City/ Village			State		Country
8.	Father's name						
9.	Mother's name						
10.	Nationality					11. Gender:	
12.	Marital status	a. Married / Unmarried b. If married, name of spouse:					
13.	Community/ Category (delete those not applicable)	Gen /SC /ST /OBC / Other Category If other category, give details _____					
14.	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)					

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

	Name of the course	Name of the Board / University	Month & Year passed	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							
	M.Phil. / equivalent							
	Ph.D.							
Indicate specifically whether Ph.D. degree has been awarded :						Yes / No		
Whether Ph.D. degree was with course work or not						Yes / No		

Date of Admission to Ph.D. program:				
Date of award of Ph.D. Degree:				
NET/SLET/SET for lectureship, if any	Subject	Roll No	Year	Position
GATE Exam passed				

16. Chronological list of experience (including current position/ employment)							
Designation	Pay Band with AGP	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)		

17. Publications (Mention here only numbers. The details and copies of the reprints be appended, without which the information will be considered incomplete)							
Research Papers in Journals							
S No	Authors	Title of the Paper	Whether SCI/SCIE/SCOPUS/WoS indexed	Journal's Name & Place of Publication	Publication & ISSN	Vol./ Page No/ Year	Impact Factor

18. Present Position						
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

19. Candidate's Name & Address for correspondence :			
		Mailing address	Permanent address
Name			
Complete Address with pin code			
Email:	Phone No. (Landline with STD code)	Mobile No.	Fax No.

20. Declaration

I, _____ son/daughter of _____
hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the Selection Committee meeting, my candidature / appointment may be cancelled by the University.

Signature of the applicant

*Name as signed (in BLOCK LETTERS)

*Application not signed by the candidate is liable to be rejected.

Date : _____