

## 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	on Form fo	r Non-	Teach	ning Position	1	
1. D	etails of ap	plication f	ee payment	(if any)					
	DD#	Date	Amount	Name of the Bar	nk Is	suing Bra	anch Name	]	
2. N	lame of the	post appli	ed for	:					
Pers	onal details	S							
3.	Name (in Capital Le	etters)	First Nam	e		Middle	e Name	Surname	
4.	Date of bi	rth	Day	Month	Year	_	as on date of rtisement	Years	Months
5.	Place of k	oirth	Cit	ty/ Village		S	tate	Co	untry
6.	Father's r	name							
7.	Mother's	name							
8.	Nationalit	У					9. Gender:		
10.	Marital st	atus		Married / Unm If married, nar		ıse:			
11.	Category (Tick ✓ appli	cable)	GEN/S	SC/ST/OBC/	/ PWD				
12.	If physica particular		d, indicate ti	he relevant	If applic		Percentage of disability	S. No. of proof enclose	d
a. B	lindness o	r low visio	n :						
b. He	earing impa	airment							

13. Educational qualifications (Attach additional pages, if required)										
	Name of the course	Name of the Board / University	Month & Year passing	Division		CGPA (if grading is applicable)	studied	S. No. of proof enclosed		
10 <sup>th</sup> Class / equivalent										
10+2 / equivalent										
Bachelor's Degree										
Master's Degree										
Any other examination passed										

c. Locomotor disability or cerebral palsy (includes all cases of Orthopedically handicapped)

Designation	Scale of pay	Name & address of employers	_	rom late	To da		No. of ye / month (As on date advertisem	s e of	Nature of work / dutie	S. No. of proof enclosed
Total p	eriod of expe	rience								
. Otal p	on on oxpo									
15. Names and										
. any other perso	Having Kilow-	Refer			- mouge	wledge and should not be relate  Referee-2				eree-3
Names & comp										
postai audiessi	<b>5</b> 3									
Email:										
Landline phone Code)	(with STD									
Mobile Phone										
Fax										
16. Present pos	sition details	/ If retired, last	positi	on detai	ls					
Designation	Name of the University institution	ne Basic Pay	Basic Pay (Rs.) Pay S		cale Gross Pay / Total Salary			crement date ite/Month)	S. No. of proof enclosed	
17. Languages	s known									
Language			Readin	g		W	riting		Sp	eaking
Incomplete	Application F	orms will be re	iected						Page 2	of <b>8</b>

Period of Experience

**14. Chronological list of experience** (Starting with the first appointment)

Cour	se Undertaken			Org. / I	nstitute	Year	Grade		
	olications (Mentio		rs. The detail	s and co	pies of the r	eprints be	appende	ed, without which th	ne
	search Papers in								
S No	Authors	Title of the Paper	Journal's I & Place of Publicatio	:	Publication & ISSN	No/	' Page Year	Impact Factor	
ii. Re	search Papers in	Non-SCI Journals							
S No	Authors	Title of the	Name of Journal Place of Publica	l & ıf	Publication & ISSN	No/	' Page Year	Impact Factor	
jii D	esearch Articles i	n Books							
S No	Authors	Title of the	e Title of Article	the	Place of Publication		isher &	Page No	

18. Knowledge of Computers and Typing

iv. Re	view Articles							
S No	Authors	Title of the Book	Title of t	_	Place of Publication		olisher &	Page No
		BOOK	Aiticic		- abricatio			
v.	Total Impact Factor as	s per SCI/ SCOPUS	S			•••••		
vi.	Total Impact Factor as	s per Google sear	ch	•••••	••••••		•••••••	
vii.	h-Index Factor as per	SCOPUS					••••	
viii.	h-Index Factor as per	Google search	••••••				•••••	
iv	i-10 Index Factor as p	or Google search						
	eminars/ Conference			Natio		ernationa	Total	S. No. of
	rammes, attended.			(No		1	(No.)	proof enclosed
						(No.)		
		///						0.44
	Seminars/ Conference rammes, organized.	es/ Workshops/ T	raining	Natio	na Int	ernationa I	Total (No.)	S. No. of proof
prog	rannics, organizea.			(No	.)	(No.)	(140.)	enclosed
								1
22. F	Research Projects / C	onsultancies (on	ly external	ly funde	ed)			
	Title of projects / con	sultancies comp	oleted	Fundi Agen	су	As PI/CI/Co CI/CO-PI o nvestigato	r a	nount of grant nd duration
Title	of ongoing Projects	/ consultancies						

3. Research Guida	ance (No. of studen	its guided)	M.Phil. / M.Tech. / M.E. (No.)	Ph.D. (No.)	proof enclosed								
Completed													
Inder supervision													
24. Papers presen	ted in Seminars/ C	Conferences/ Works	shops										
Title of the Paper		National / International	Date	Organizers & Venue	S. No. of proof enclosed								
25. National / Inter	national Awards/ f	ellowship											
		•											
···													
26. Paragraph of s	elf-evaluation rega	arding different fiel	lds of activity relat	ed to the job									
				27. Time required for joining, if selected: 3 months.									
27. Time required	for joining, if selec	cted: 3 months.											
	, J	cted: 3 months.	post applied for:										
	, J		post applied for:										
	, J		post applied for:										
	, J		post applied for:										
28. Any other info	ormation/ qualificat	tion relevant to the											
28. Any other info	ermation/ qualificat	tion relevant to the											
28. Any other info	ermation/ qualificat	tion relevant to the		Permanent address	SS								
28. Any other info	lame & Address fo	tion relevant to the		Permanent address	SS								
28. Any other info	lame & Address fo	tion relevant to the		Permanent addres	SS								
29. Candidate's N Name: Complete Addres	Name & Address fo Maili	or correspondence		Permanent addres									
29. Candidate's N Name: Complete Addres	Name & Address fo Maili	or correspondence	:										
29. Candidate's N  Name:  Complete Addres with pin code  Email:	lame & Address for Mailings	or correspondence ing address  ne No. ne with STD code)	: Mobile No.	Fax No									
29. Candidate's N  Name:  Complete Addres with pin code  Email:	lame & Address for Mailings	or correspondence ing address  ne No. ne with STD code)	: Mobile No.	Fax No									
29. Candidate's N  Name:  Complete Addres with pin code  Email:  30. Check list of so Please tick ([])	lame & Address for Mailings  Phore (Landling)	or correspondence ing address  ne No. ne with STD code)  onials attached (or e	: Mobile No.	Fax No									
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29. Candidate's N  Name:  Complete Addres with pin code  Email:  30. Check list of se Please tick ([])tillidia.	Phore (Landling the ones applicable Matriculation mark strength of the ones applicable strength of the ones a	or correspondence ing address  ne No. ne with STD code)  onials attached (or e)  sheet / certificate sheet / certificate (Final) mark sheet/	:  Mobile No.  iginal to be producted to be pr	Fax No									
29. Candidate's N  Name:  Complete Addres with pin code  Email:  30. Check list of se Please tick ([])ti  i.  ii.  iii.  iii.  iv.	Phore (Landling Matriculation mark strength ones applicable Matriculation mark strength on the strength of	correspondence ing address  Description relevant to the experiment of the second of th	:  Mobile No.  iginal to be producted to be pr	Fax No									

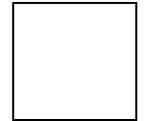
Incomplete Application Forms will be rejected

	vii.	Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc.)	
		perience certificates	
	ix.	Recommendation letter(s)	
	Χ.	Award (s) /Fellowship (s)	
otal Numbe	xi. er of abo	Other (s) Date of Birth, Computer Knowledge, Conferences / Training programme organised / attended.(03) ve self-attested testimonials attached (in words:	)
l.B. Applica	ations w	rithout the above self-attested testimonials will not be entertained	
31. Decla	ration		
cas any	e has ev	hereby dec e in this application are true, to the best of my knowledge and belief. No ver been held or contemplated or is pending against me. If anything is four my candidature /appointment may be cancelled by the university without	nd false or incorrect at
Date :		Sig	nature of the applicant
		Application not signed by the candidate	d (in BLOCK LETTERS e is liable to be rejected
32. Endor	sement	by the EMPLOYER	
Undertaki b). In c	ings/Aut ase of ir	f in-service candidates in Government/Semi-Government organ conomous Organizations, the endorsement form must be signed by the endorsement form must be signed by the endorservice candidates from Private Sector, acceptance of resignation and relime of joining must be submitted.	nployer.
<u>Forwarde</u>	d to the	Registrar, Shri Mata Vaishno Devi University, Kakryal-182320, Katra	J&K.:
the SMVD	Univers	Mr./Mrs/Ms, who has submitted this application for the sity, has been working in this organization namely in the posintract/ permanent capacity with effect from g a basic pay of Rs His / Her next increment is due on	st of in
		ed that no disciplinary / vigilance case has ever been held or contemplate. There is no objection for his/her application being considered by the SMV	
		(Signature of	the forwarding officer)
		Name: Designation: Seal:	
Date :		Place:	



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## **Non-Teaching Position – Summary Sheet**

1.	Name of the post applied for :												
2.	Name: (in Capital	Letters,	)					Male/Female			Married / Un	Married / Unmarried	
3.	Date of bit DD/MM/Y			Plac	ce of birth	Ag	ge Community/Category: SC/S				T/OBC/PWD/others		
4.	DD Number Date Amount			Amount	Na	ame of the E	Bank	anch's name					
qualifications course University I								& Year / Award		Division	% of Marks	CGPA (if applicable)	
10 <sup>th</sup> C equiva	lass / alent												
10+2 /	equivalent/												
Bache													
	r's degree												
Any of exami Passe	nation												
	ronological		•	ice			(Startin	g with the fir	rst a	ppointment)	Nature of v	vork / duties	
Desi	gnation	Scale	of pay	Na	ame & address of employers		From date	To date		No. of years/ months			
7.	Total perio	d of ex	perienc	e:		J		1			1		

8. Present Designation		he University / Basic Pay Pay titution (Rs.)		Pay Scale (Rs.)	Gross / Total Salary p.m. (Rs.)	Increment date (Date/Month)		
O Nama O Address f								
9. Name & Address f	or correspo							
Name		Mailing addres	SS		Permanent address			
Complete Address with pin code								
Email:		Phone No. (Landline with	STD code)		Mobile No.	Fax No.		
10. Applied (Through Proper	r Channel)	Yes / No		1		,		

Signature of the applicant