SHRI MATA VAISHNO DEVI UNIVERSITY

Kakryal, Katra-182320(J&K) EPABX No.: 01991-285524 Extn. 2103 & 2104

website: www.smvdu.ac.in

Paste your recent passport size coloured photograph here

Application Form for post of Vice Chancellor

1. Name:

First Name	Middle Name	Surname

2. Date of Birth:

Day	Month	Year	Age as on	Years	Months	Days
			02-01-2023			

3. Contact Address:

Complete Address with pin code	Phone No.	Mobile No.	Email id:

4. Present Position:

Designation	Name of the University / Institution	Basic Pay (Rs.)	Level	Gross Pay / Total Salary p.m. (Rs.)	Date of Appointment	Total experience in the present post

5. Academic Qualifications:

	Name of the Course	Name of the Board/ University	Month & Year passed	Division	%age of marks / CGPA	Subjects studied
10 th Class / equivalent						
10+2 /equivalent						
Bachelor's degree						
Master's degree						
M.Phil. / equivalent						

Ph.D.			
Any Other			

6. Teaching/Administrative Experience in years:

a) Teaching / Academic Experience:

S. No.	Post	Organization/	Dura	ation	Experience
		University	From (Date)	To (Date)	(In Years and Months)

b) Years of Administrative Experience /posts / responsibilities held:

S.No.	Post	Organization/		Duration	Experience
		University	From (Date)	To (Date)	(In Years and Months)
1.	Head of the Department				
2.	Chairman, Board of Studies/ Senate				
3	Member, Board of Studies/ Senate				
4.	Dean of Faculty/ Academics/ Students				
5.	Member of Academic Council/ Senate				
6.	Member of Executive Council/ Board of Governors				
7.	Member of Professional/ Academic Bodies				
8.	Registrar/Controller of Exams				
9.	Others (Specify)				

7. Years of Experience as Full Professor:

Details of experience possessed as per eligibility criteria (10 years' Professorship or equivalent as per UGC Regulations on Minimum Qualifications for Appointment of Teachers and other Academic Staff in Universities and Colleges and Measures for Maintenance of Standards in Higher Education 2018)

Designation	Pay Band	Name &		Period of	Experience	Nature of
	with AGP	address of employers	From date	To date	No. of years/ months (As on date of issuance of advertisement)	work / duties

8.	Number of Publications in				ational Journ	als:		
S.No.	Date	Titl	e	Nam	e of journal	Refer journ or n	nal	Number of Citations (where possible)
	b) Total Publication	s in Int	ernation	nal Journals	:	••••		
S.No.	Date	Titl	e	Nam	e of journal	Refer journ or n	nal	Number of Citations (where possible)
9.	Number of Books Au	thored	/Edited:	I		·I		
S.No.	Name of the Book		Publishe	r ISBN/	ISSN Number	Year publis		Authored / Edited
10.	Number of Students	guided	at Ph.D	. Level:				
Nam	e of Programme		Aw	arded (No.) (Under-progres	s not to l	e incl	uded)
11.	Number of Patents:							
S.No.	Title of the Patent		ear of Filing	Number	Year of Award	U	an / S/ er(s)	Inventor / Co- Inventor
12.	Honours and Awards	s / Fello	owships	for outstand	ling work:			
Sr. No.	Name of Award/Fello etc.	wship	Elect	ed/Honorary Fellow	/ Award	led by	,	Year of Award
	ett.			7 C110 VV				
13.	Membership of Acad	emies /	Profess	ional Bodie	S:			
Sr. No.	Name of Mer	nbershi)		rded by [name		Тур	e: Annual / Life

14. Ex	xperience Abroac	d:				
S. No.	Post/	Organization/ University	Area of Assignment		Duratio	n
	Assignment	Offiversity	Assignment	From	То	In Years & Months
15. W	hether NOC/ Vi	gilance Clearan	ce certificate a	ttached (Tick	k as applica	ble):
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16. St	rengths in 100 w	ords:				
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^{*}Maximum number of pages be restricted to ten