

13. 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)		

14. 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:			
Phone (Landline) with STD Code:			
Mobile Ph:			
Fax:			

15. Time Required for Joining if selected:			
16. 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.

17. 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.E. / B.Tech. / B.A. / B.Sc. / B.Arch. (Final) mark sheet/ degree
- iv. M.E. / M.Tech./M.A./ M.Sc. /M.Arch. (Final) mark sheet/ degree
- v. Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc.)
- vi. Experience Certificates
- vii. Others (s)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

18. 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 and Executive Council meetings, 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 : _____

19. 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 Head of the Institution/Director/Principal/Registrar.
- 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 Shri Mata Vaishno Devi University, Kakryal, Katra-182 320(J&K), India:

The applicant Dr./Mr./Mrs/Ms. _____, who has submitted this application for the post of _____ in the Shri Mata Vaishno Devi University, Kakryal, Katra, has been working in this organization namely _____ in the post of _____ in a temporary / contract/ permanent capacity w.e.f. _____ in the PB of _____, with GP of Rs. _____. He / She has been placed in Level _____, Cell _____ as per 7th CPC Pay Matrix and He / She is drawing a basic pay of Rs. _____. His / Her next increment is due on _____.

It is also 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 Shri Mata Vaishno Devi University, Kakryal, Katra.

(Signature of the forwarding officer)

Name: _____

Designation: _____

Place: _____

Seal

Date : _____