

## 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														
1. Name of the post applied for : 2. Name of the School for which applied :											Paste your recent passport size photograph here			
3. Applicant's area of specialization :  Personal details														
1 013		<b>.</b>	First Name			ΙΛ	liddle Na	ame		1 :	Surname			
5.	<b>Name</b> (in Capital Le	etters)	T HOL TYAINO				naaro rec				sumame			
6.	Date of bi	irth	Day	Month	Yea		lge as				Years	Months		
						á	dvertis		τ					
7.	Place of b	oirth	City/ V	îllage			State				Country			
8.	Father's r	name												
9.	Mother's	name												
10.	Nationalit							11.	Gend	ler:				
12.	Marital st	atus	a. Married / Unmarried <b>b.</b> If married, name of spouse:											
13.		ity/ Category e not applicable)	Gen /SC /ST /OBC / Other Category  If other category, give details											
14. If physically disabled, in particulars			ndicate the	If applicable, Write 'yes'					entage bility	of	S.No. of proof enclosed			
a. B	lindness o	r low vision :												
b. He	earing impa	airment												
c. Lo	comotor d	isability or cer	rebral palsy											
(incl	udes all ca	ses of Orthop	edically han	dicapped										
15 F	ducational	qualifications	: (Attach ad	ditional nac	nas if	requir	ed)							
10. L		Name of the	Name of the I			requii		CGPA		Cubias:	o otualis d	C No. of man of		
		name of the course	University	Board / IMOn Year pass	r	Division	% of Marks	(if grad	ding is	Subject	s studied	S.No. of proof enclosed		
	Class / valent													
10+2														
	valent													
Bachelor's														

	course	Offiversity	passed	DIVISION		applicable)		enciosea
10 <sup>th</sup> 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 :						es / No		
Whether Ph.D. degree was with course work or not  Yes / No								

Date	of Admission	to Ph D	nrogram												
				•											
Date of award of Ph.D. Deg  NET/SLET/SET for lectureship, if any			Subject				Roll No			Yea	r	Position		n	
GATI	E Exam pass	ed													
	hronologica			e (includii & address	ng curr		sition/ od of Ex			Natur	o of v	work /	S.No. o	f proof	
Desig	Designation Pay Bar with AG					From date		! ! (A	No. of years/ months as on date of dvertisement	duties		WOIR 7		nclosed	
nforma Researc	olications (Mo tion will be co th Papers in J Authors	nsidered ournals	incomple	te)	details					appende				Impac	
No No	Authors	Paper SCI/SCIE/		SCI/SCIE/S S/WoS inc	/SCOPU of Public							Vol./ I No/ Yo	No/ Year		
18. Pr	esent Position	on													
Na Designation Ur		ame of the Iniversity Institution	niversity /		asic Pay (Rs.)		Pay Scale T (Rs.) Sala		lotal		Increment date (Date/Month)		S.No. of proof enclosed		
19. Ca	andidate's Na	ame & A			ondenc	e :									
Name Mailing				g address					Perm	anent ad	ddre	SS			
Comp	lete Address in code	5													
Email	:			Phone No. (Landline with STD code)				Mobile No.				Fax No.			

20. Declaration
I,son/daughter ofhereby 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 :