



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 Faculty Position

1. Details of application fee payment (if any)
2. Name of the post applied for :
3. Name of the School for which applied :

DD #	Date	Amount	Name of the Bank	Issuing Branch Name

4. Applicant's area of specialization :

Personal details

5.	Name <i>(in Capital Letters)</i>	First Name	Middle Name	Surname
6.	Date of birth	Day	Month	Year
7.	Place of birth	City/ Village		State
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 <i>(delete those not applicable)</i>	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 <i>(includes all cases of Orthopedically handicapped)</i>				

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)							
i. Research Papers in SCI Journals							
S No	Authors	Title of the Paper	Sr.No. of the Journal as per UGC notified List of Journals	Journal's Name & Place of Publication	Publication & ISSN	Vol./ Page No/ Year	Impact Factor
ii. Research Papers in Non-SCI Journals							
S No	Authors	Title of the Paper	Sr.No. of the Journal as per UGC notified List of Journals	Name of Journal & Place of Publication	Publication & ISSN	Vol./ Page No/ Year	Impact Factor

iii. Research Articles in Books /Books published						
S No	Authors	Title of the Book	Title of the Article	Place of Publication	Publisher & ISBN	Page No

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iv. Review Articles						
S No	Authors	Title of the Book	Title of the Article	Place of Publication	Publisher & ISBN	Page No

v. Total Impact Factor as per SCI/ SCOPUS.....

vi. Total Impact Factor as per Google search .
.....

vii. h-Index Factor as per SCOPUS.....
.....

viii. h-Index Factor as per Google search.....
.....

ix. i-10 Index Factor as per Google search.....
.....

18. Seminars/ Conferences/ Workshops/ Training programs, attended.	National (No.)	International (No.)	Total (No.)	S.No. of proof enclosed

19. Research Guidance (No. of students guided)	M.Phil. / M.Tech. / M.E. (No.)	Ph.D. (No.)	S.No. of proof enclosed
Completed			
Under supervision			

20. Papers presented in Seminars/ Conferences/ Workshops				
Title of the Paper	National / International	Date	Organizers & Venue	S.No. of proof enclosed

21. 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)

	Referee-1	Referee-2	Referee-3
Names & complete postal addresses			
Email:			
Phone (Landline) with STD Code:			
Mobile Ph:			
Fax:			

22. 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

23. Time Required for Joining if selected:

24. 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.

25. List of self-attested testimonials attached (original to be produced at the time of interview). Please tick the ones applicable

- | | |
|--|--------------------------|
| i. Matriculation marksheet / certificate | <input type="checkbox"/> |
| ii. Intermediate marksheet / certificate | <input type="checkbox"/> |
| iii. B.E. / B.Tech. / B.A./ B.Sc. /B.Arch (Final) marksheet/ degree | <input type="checkbox"/> |
| iv. M.E. / M.Tech./M.A./ M.Sc. /M.Arch(Final) marksheet/ degree | <input type="checkbox"/> |
| v. L.L.B (Final) marksheet / degree | <input type="checkbox"/> |
| vi. L.L.M marksheet / degree | <input type="checkbox"/> |
| vii. M.Phil. degree | <input type="checkbox"/> |
| viii. Ph.D. /D.Phil. degree | <input type="checkbox"/> |
| ix. D.Litt., D.Sc., L.L.D degree | <input type="checkbox"/> |
| x. NET, UGC-JRF, CSIR-JRF Award Certificate | <input type="checkbox"/> |
| xi. Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc.) | <input type="checkbox"/> |
| xii. Experience certificates | <input type="checkbox"/> |

xiii. Recommendation letter(s)

xiv. Award (s) /Fellowship (s)

xv. Publication (s)

xvi. Other (s)

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

N.B. Applications without the above self-attested testimonials will not be entertained.

26. 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 : _____