



श्री माता वैष्णो देवी विश्वविद्यालय  
**SHRI MATA VAISHNO DEVI UNIVERSITY**  
**School of Business**  
**Faculty of Management**  
Sub Post office-182320, Jammu & Kashmir  
(Recognized under Section 12 (B) & 2 (f) of UGC Act, 1956)

Affix  
Your  
Photo Here

**Part A (to be filled in by the applicant in CAPITAL LETTERS)**

Course Title " \_\_\_\_\_ "

1. Course Period .....to .....

2. Name..... Designation.....

3. Name of Institution where employed.....

4. 2 (F) & 12 (B) Certification: Yes / No; Name of University or (Affiliation) ... ..

5. Pay Scale.....; Subject.....

6. Date of Appointment.....; Teaching Experience: PHD ..... Years; PG ..... Years; UG ..... Years

7. Research Experience, If any ..... Total Experience ..... Years

8. Tenure of Working with the present Institution .....Years

9. Employment: Permanent; Temporary; Part time; Ad hoc; Contract teachers .....

10. Date of Birth..... Age..... Yrs. E-mail ID.....

11. Present Address for Correspondence: .....

Pin Code..... State.....Phone (Res.) ..... Mob. No. ....

12. Category: General / SC / ST / OBC ..... 13. Do You Require Accommodation? Yes / No .....

**13. EDUCATIONAL QUALIFICATIONS**

Examination	Board / University	Institution Where Studied	Year of Passing	Subject / Specialization
Post-graduation				
M. Phil.				
Ph.D.				
Others				

14. Publications : (i) Books.....(ii) Monographs.....(iii) Research Papers.....

15. Areas of Specialization, If Any .....

16. Subjects presently being Taught by you .....

17. EMPLOYMENT RECORD

S. No.	Name of Employer / Organization	Designation	Nature of Appointment	Period (From.....to.....)

18. Would you like to present a paper in any of the Session? YES / NO: ..... If Yes, please specify the topic of your Interest.

1. ...., 2. ...., 3. ....

19. Have You Attended any Orientation, F.D.P., M.D.P., and Refresher in the Past? YES / NO: ..... If yes, give details as:

A. Orientation Program: Year..... Days ..... University.....

B. Refresher Course: Year..... Days ..... University.....

C. FDP / MDP Program: Year..... Days ..... University.....

**Declaration**

I declare that the information given above is correct and I will abide by all the rules for the course if selected.

Signature of the Applicant

Payment Details (tick whichever is applicable and fill details accordingly)

1. Cash Deposit       2. Draft       3. NEFT Account Transfer       4. IMPS Transfer

1. Cash Deposit: Date of Deposit \_\_\_\_\_ Amount Deposited \_\_\_\_\_ Deposit Receipt Number \_\_\_\_\_

2. Draft: Number \_\_\_\_\_ Dated \_\_\_\_\_ of Rs \_\_\_\_\_ payable to the **Registrar, Shri Mata Vaishno Devi University**, Katra (Jammu & Kashmir) payable at Katra is enclosed.

3. NEFT Transfer: Name of Bank \_\_\_\_\_ UTR Number \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

4. IMPS Transfer: Name of Bank \_\_\_\_\_ IMPS Number \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

**(PART-B) (To be filled in by the forwarding authority)**

I hereby certify that Dr./Shri/Mrs./Miss ..... who is working as Assistant Professor / Associate Professor / Professor as a Permanent; Temporary; Part Time; Ad hoc; Contract Teacher in the Department of..... College/ University of..... State.....

His / Her appointed is on a Regular/ Temporary basis on a Permanent; Temporary; Part time; Ad hoc; Contract teachers for last more than ..... Years and is eligible for attending the said course.

He / She will be relived in time to participate in the course titled..... which is starting from.....to..... in your university.

Signature of Dean / Principal / Director / Head  
(With Seal)