



SHRI VISHWAKARMA SKILL UNIVERSITY

(State University enacted under the Government of Haryana Act 25, 2016)

No.SVSU/2026/Estb./T/001

Dated: 01.01.2026

NOTICE

Subject: Regarding withdrawal of posts of Skill Assistant Professor (on Regular basis) in various departments of SVSU

Ref: Advertisement No. SVSU/2023/Estt./T/017 dated 19.11.2023 for various teaching posts in the University

It is for the information of all concerned applicants that the post of Skill Assistant Professor (on Regular basis) in various departments of the University advertised vide Advt. No. SVSU/2023/Estt./T/017 dated 19.11.2023 are hereby withdrawn due to administrative reasons.

The applicant(s) who had applied against Advt. No. SVSU/2023/Estt./T/017 dated 19.11.2023 may apply for refund of application fee by submitting their request along with proof of fee (copy of Demand draft and the identity documents i.e copy of ID proof (Aadhaar Card/Voter Card/ Driving License)) through e-mail at email id establishmentacad@svsu.ac.in in the prescribed proforma, as enclosed within 03 weeks from the date of issue of this notice on University Website. No application will be entertained thereafter.

DA/As above.

**Sd/-
Registrar**



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| Performa for Refund of Application Fee | | |
|--|--|---------|
| S.No | Particulars | Details |
| A. | Personal Details | |
| (i) | Name of the Candidate | |
| (ii) | Date of Birth | |
| (iii) | Father's Name | |
| (iv) | Mobile No. | |
| (V) | Name of the Post Applied for | |
| (vi) | Advertisement No. | |
| (vii) | Attach copy of ID Proof(Aadhar/Voter/Passport/Driving Licence) | |
| | | |
| B. | Details of DD | |
| (i) | DD No. | |
| (ii) | Date of Issue | |
| (iii) | Amount | |
| (iv) | Name of issuing Bank | |
| (V) | Branch of Bank | |
| (vi) | Attach copy of Demand Draft(DD) | |
| | | |
| | | |
| C. | Details of Bank Account of Candidate | |
| (i) | Name of the Account Holder | |
| (ii) | Saving Bank Account Number | |
| (iii) | Name of the Bank | |
| (iv) | Branch | |
| (V) | IFSC code of the Bank | |
| (vi) | MICR code of the Bank | |
| | | |

I certify that the information given above is true.

(Full Signature of the Candidate with date)

Name of the Candidate-.....