



SHRI VISHWAKARMA SKILL UNIVERSITY

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

APPLICATION FORM FOR THE POST OF CONTROLLER OF EXAMINATION(COE)

FOR OFFICE USE ONLY

Application No:
Received on (date):
Total no. of pages received:
Name & Sign. of dealing official:

**PASTE HERE A
SIGNED COPY OF
YOUR RECENT PASS-
PORT SIZE
PHOTOGRAPH**

NOTE:

- i. The application form should be filled in properly and completely.
- ii. Self-attested copies of all Certificates/Testimonials should be attached with the original application form only. Originals will have to be shown at the time of the interview/Written test.
- iii. The application should be accompanied by the Bank Draft of the prescribed application fee for their respective category.
- iv. Persons in employment should send their applications through their employer. They may however, send a copy in advance, but it must be on the prescribed form and accompanied by prescribed application fee, copies of certificate/testimonials etc.
- v. Only eligible candidates should apply for the position/Post (Candidate must be eligible on the last date of submission of Application Form).
- vi. Prescribed qualification and instructions may be seen on the University website www.svsu.ac.in
- vii. Weightage of only those documents shall be counted whose copies are attached.
- viii. Application not supported with required application fee, self-assessment Performa for their respective position/post applied, self-attested copies of certificates/testimonials will be rejected.
- ix. No application/documents shall be accepted after the expiry of last date of the receipt of application forms. Incomplete form and those received after the expiry of last date will not be entertained and will stand rejected summarily.

D.D Number _____, Amount _____

Issuing Bank _____, Date _____

Name of the post applied (Deputation/ Contract) _____

Post Code _____

Advertisement No. _____



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1. First Name _____, Last Name _____
2. Father's Name _____,
3. Mother's Name _____
4. Spouse's Name (if married) _____
5. Date of Birth: Day _____ Month _____ Year _____
(As recorded in the Matriculation or equivalent certificate)
6. Age (as on the last date for the receipt of application) Years _____ Months _____ Days _____
7. Nationality _____
8. Whether you are applying for Deputation/ Contract _____
9. Religion _____
10. Marital Status (Married/ Unmarried) _____
11. Category (SC/BC-A/BC-B/EWS/ESM/PWD/Any other Category) _____
12. Sex (Male/ Female) _____
13. Email Address _____
14. Aadhar Number _____
15. Permanent Address: _____

- PIN CODE _____ Phone No. _____

16. Correspondence Address:

PIN CODE _____ Phone No. _____
Email ID _____



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17. Post held, if any, at the time of Sending the application:

(a) Designation: _____ (b) Date of joining: _____

(c) Permanent/Temporary: _____

(d) Name and address of the employer: _____

(e) Basic pay: Rs. _____ (f) Total emoluments: Rs. _____

18. Details of appointments held (Use an extra sheet, if necessary):

Designation	Duration(dd-mm-yy to dd-mm-yy)		Pay Scale and Grade Pay at the beginning	Gross Emoluments at the beginning	Nature of work	Name of Employer

19. Academic qualifications:

(Examination passed from H.S.L.C./Higher Secondary onwards in reverse chronological (latest in the beginning order). Attested copies of the testimonials to be enclosed:

Examination and Year	Subject (s) Division/ Class/Grade	Percentage of marks obtained	School/College	Board/University

20. Particulars regarding clearance of the NET/SLET (where required)

21. Special subject of study or branch of specialization, if any :

22. Academic distinction (e.g., any prize, medal, award etc.):



(a) No. of Books Published :
(b) No. of Research Papers published :
(b) No. of Articles published :
(c) Any other :

Degree	Awarded	Research in progress	Thesis/Dissertation under submission
Ph.D.			
M.Phil.			
Other, if any			

[illegible]



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26. Your vision for contributions to the University (maximum 500 words, attach separately)



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27. Forwarding (In case for the candidates who are already in service):

Forwarded with the remarks that the facts stated in the above application have been verified and found correct and this institution/organization has no objection to the candidature of the applicant and will be released immediately, if selected.

(Signature)

(Head of the Institute/Organization)

Designation : _____

Address: _____

Date: _____

(office seal)

28. List of enclosures:

- (i)
- (ii)
- (iii)
- (iv)
- (v)

- (vi)
- (vii)
- (viii)
- (ix)
- (x)

29. Declaration: I hereby declare that the information furnished by me in the Registration/Application Form is correct and nothing has been concealed in case any information furnished by me is found to be false/incorrect/untrue than I shall be liable to civil/criminal prosecution and my claim to admission/ appointment/ registration/service in the Institute may be cancelled/terminated. I have also read the advertisement & other information published in this regard and understand that my candidature is always provisional subject to verification.

Date: _____

Place: _____

(Signature of the Candidate)