APPLICATION FORM FOR SKILL ASSISTANT PROFESSOR

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.
- 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.
- 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	
1.	Name of the post applied		
2.	Post Code		
3.	Advertisement No.	_	

4.	4. First NameLast N	lame
5.	5. Father's Name	
6.	6. Mother's Name	_
	7. Spouse's Name (if married)	
8.	8. Date of Birth: Day MonthYear	,
	(As recorded in the Matriculation or equivalent certifi	cate)
9.	9. Category	
	10. Age as on the last date fixed for the receipt of applic Days11. Nationality	ation: Years Months
	12. Religion	
	13. Marital Status (Married/ Unmarried)	_
	14. Sex (Male/ Female)	
15.	15. Email Address	_
16.	16. Aadhar Number	
17.	17. Permanent Address:	
	PIN CODE Phone No.	
	T IIV GOBET Holle No.	
18.	18. Correspondence Address:	
	PIN CODE Phone No.	
	Email ID	

19. Educational Qualifications (Attach additional pages, if required)

Education	Year of passing	Marks/ CGPA obtained	Max Marks/ CGPA Conversion		Subjects	Board/ University	Remarks (Conversion factor CGPA to %)
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
10 th Class/ equivalent							
10+2/ equivalent							
Bachelor's degree							
Master's degree							
M.Phil.							
Ph.D. degree							
Any Other							

^{*} CGPA conversion of each qualification need to be mentioned.

20. National	level	test	qualified:	Yes/No,	if	yes	then	name	of	the	test
			(UGC/ N	IET/ GATE	etc)						
21. Is NET with JRF: Yes/No, if yes, mention period of validity of JRF											
22. Is the Ph.	D. degre	ee awa	rded: Yes/N	lo?, if yes,							

23. Ph.D. Detail:

Date of Registration:				, Date of Thesis Submission				
Year of Awa	rd of Degree	e	, S	Subject:				
Regular/Dis	tance (Full/F	Part time): _	,	Topic of The	esis:			
Name of the	: University/I	nstitute tha	at has award	ded the Ph. [D:			
Is the degre	e awarded a	s per UGC	Ph.D. regu	ılation 2009_			?	
24. Experiend	ce Detail:							
Name of	Post held	Pay Scale with AGP	Basic Pay	of employment	Period of employment (To)	Total years of experience	Private/	
Organisation	i ost neid	7 th CPC)	Busic 1 ay				any other	

- 25. If employed in Govt. Sector/ PSUs/ Govt. undertaking/ Govt. Autonomous bodies, please furnish the details as under:-
 - (i) NOC has been enclosed or not?
 - (ii) Application through proper channel has been processed or not?

26. Research Papers

S/N

(Only in Peer- Reviewed of UGC listed Journals)

Title of the paper	Name of the Journal	ISSN/ISBN number	peer reviewed	Impact Factor as per Thomson Reuters list	No. of Co- authors	Whether you are main Author?	listed in UGC	Date of publication	Page No. (Form)	Page no. (To)	Online link for verification of Research paper

27. Publications other than Research papers

Title of Book/ Chapter authored/ Editor of Book (any other please specify)	Publisher	International/National	ISSN/ISBN number	Number of Co-authors	Whether you are main Author?

Research contribution	Awarded	Submitted	In- progress
Ph. D guided			

M	. Phil guided
M	aster's
	Number of sponsored research projects:
	Number of consultancy projects:
28.	Prizes/Medals/Awards/Honours:
29.	Have you received any awards: Yes/No, if yes, please provide the details:-
	(i) Awards received at the International level:-
	(ii) Awards received at the National level:-
	(iii) Awards received at the State level:-
	Additional information:
30.	Has there been any break in your career?, if so, give detail thereof with reasons:
•••	
31.	Have you ever been punished during your service or convicted by a Court of Law?
	If so give, details:
00	
32.	Were you at any time declared medically unfit of asked to submit your resignation or discharged of dismissed? If yes, give detail:
33.	,
	If yes, give detail:
34.	
	such as NCC, public debates and social service etc., if any.
35.	Present Designation:, Pay Scale/Band/CPC with GP:
	Total emoluments:

36. **Reference**:

Give name, designation and address of three references not related to you. Reference should be of persons with or under whom you have worked or who have intimated knowledge of your work.

Name	Designation	Mobile no.	Address

Payment Detail:							
Mode:	, Date:						
Transaction ID:	, Amount:						

Note: -

Please note that submission of application form does not mean acceptance of candidature, which is subject to eligibility criteria & other requirements as per norms.

PLEASE SEND HARD COPY OF THE APPLICATION FORM DULY SIGNED BY THE APPLICENT ALONG WITH THE REQUIRED DOCUMENTS AND REQUISITE DOCUMENTS TO THE OFFICE BY LAST DATE AS PER THE ADVERTISEMENT.

Address:- "The Assistant Registrar (Esttb.), 2nd Floor, Establishment Branch, Shri Vishwakarma Skill University, Village-Dudhola, Palwal, Haryana- 121102"

UNGERTAKING/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.

Signature of Candidate