



APPLICATION FORM FOR THE POST OF CONTROLLER OF EXAMINATIONS(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 _____
Post Code _____
Advertisement No. _____



**APPLICATION FORM FOR THE POST OF CONTROLLER OF EXAMINATIONS
(On Deputation Basis)**

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 fixed for the receipt of application) Years ____ Months ____ Days ____
7. Nationality _____
8. Religion _____
9. Marital Status (Married/ Unmarried) _____
10. Category(SC/BC-A/BC-B/EWS/ESM/PWD/Any other Category) _____
11. Sex (Male/ Female) _____
12. Email Address _____
13. Aadhar Number _____

14. Permanent Address:

PIN CODE _____ Phone No. _____

15. Correspondence Address:

PIN CODE _____ Phone No. _____

Email ID _____



SHRI VISHWAKARMA SKILL UNIVERSITY

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

16. 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. _____

17. 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 Emplo yer

18. 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

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

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

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



22. Publications (Attach a separate sheet of paper showing the details. Enclose copies of the Publications and testimonials):

(a) No. of Books Published :

(b) No. of Research Papers published :

(c) No. of Articles published :

(d) Any other :

23. Experience of supervision for research degrees (Attach a separate sheet of paper showing the details, if any):

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

24. Details of Administrative Experience:- (enclosed additional sheet if required)

Post Held	Employer Duration (dd-mm-yy to dd-mm-yy)	Administrative Responsibilities	Significant contribution to the Employer	Relevance to the present post relating to the desirable criteria (attach documentary evidence, if any)

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



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26. Forwarding by the current organisation:

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 for the post of COE and will be relieved, if appointed.

Date: _____

(Signature)
(Head of the Institute/Organization)
Seal: Designation : _____
Address: _____

Contact No. _____

27. List of enclosures:

- | | |
|-------|--------|
| (i) | (vi) |
| (ii) | (vii) |
| (iii) | (viii) |
| (iv) | (ix) |
| (v) | (x) |

28. 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)