



APPLICATION FORM FOR DEPUTY LIBRARIAN

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.
- 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. Use separate form for each position/post.
- vii. Prescribed qualification and instructions may be seen on the University website www.svsu.ac.in
- viii. Weightage of only those documents shall be counted whose copies are attached.
- ix. 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.
- x. 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 _____

Advertisement No. _____



SHRI VISHWAKARMA SKILL UNIVERSITY

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

APPLICATION FOR THE POST OF DEPUTY LIBRARIAN.....(DIRECT/DEPUTATION/BOTH)

1. Full 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. Sex (Male/ Female) _____
11. Do you belong to any reserved category? (Yes/ No) _____ If yes, specify the category

12. Do you belong to Minority category? (Yes/ No) _____
13. Do you belong to Ex-Servicemen category? (Yes/ No) _____
14. Are you physically disabled? (Yes/ No) _____



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15. If physically disabled, indicate the relevant particulars

Nature of Disability	If applicable, Write 'yes'	Percentage of disability
a. Blindness or low vision		
b. Hearing impairment		
c. Locomotor disability or cerebral palsy (includes all cases of Orthopedically handicapped)		
d. Autism, intellectual disability, specific learning disability and mental illness		

16. Languages Known: Read Write Speak

i) _____ _____ _____

ii) _____ _____ _____

17. Permanent Address:

PIN CODE _____ Phone No. _____

18. Correspondence Address:

PIN CODE _____ Phone No. _____

Email ID _____



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

	Name of the Course	Name of the Board/ University	Month & Year passed	Division	% of Marks	Mode of Education (Regular/ Part-time/ Distance/ etc.	Subjects studied
	(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							

20. Evidence of innovative library services including integration of ICT in library (separate sheet may be enclosed)

- a.
- b.
- c.
- d.



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24. Present position

Name of the Institution	Designation	From date	Pay in pay band	Level/ Grade Pay/ AGP	Gross Pay/ Total Salary per month (Rs.)	Next date of Increment

25. Research & academic contributions (to be calculated as per UGC Regulation on minimum qualifications of 2018-Table 3A): -

Sr. No.	Academic Record	Score as calculated by applicant	Details of documents attached in support of score claimed by the applicant (mention C.P where these documents are attached with the application)
1.	Graduation		
2.	Post-Graduation		
3.	M.Phil.		
4.	Ph.D.		
5.	NET with JRF		
	NET		
	SLET/ SET		
6.	Research Publications (2 marks for each research publications published in peer-reviewed or UGC-listed Journals)		
7.	Teaching/ Post-Doctoral Experience (2 marks for one year each) #		
8.	Awards		



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	International/ National Level (Awards given by International Organizations/ Government of India/ Government of India recognised National Level Bodies)		
	State-Level (Awards given by State Government)		

However, if the period of teaching/ Post-doctoral experience is less than one year then the marks shall be reduced proportionally.

26. Reference: (These persons should be professionally competent, who are well acquainted with some aspect of the applicant's training accomplishment, capabilities and character but must not be in blood relation to the Candidate). Two references should be listed

a) Name: _____

Occupation or Position: _____

Address: _____

With email: _____


b) Name: _____

Occupation or Position: _____

Address: _____

With email: _____

27. Joining Time, If Selected (in days): _____

28. List of self-attested testimonials attached (original to be produced at the time of interview). Please tick  the ones applicable.

- I. Matriculation mark sheet and certificate.
- II. Intermediate (Senior Secondary) marksheet and certificate.
- III. Bachelor's Programme marksheets and degree.
- IV. Master's Programme marksheets and degree.
- V. M.Phil. degree.
- VI. Ph.D. / D.Phil. degree
- VII. Caste Certificate issued by the competent authority



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Experience Certificates

IX. Disability Certificate

X.

XI.

XII.

Note: Applications without the above self-attested testimonials (applicable to the candidate) will not be entertained.

29. State whether you have been at any time

(a) dismissed, removed or debarred from service (Yes/ No) _____ (b)
convicted by a criminal court (Yes / No) _____

30. I hereby declare that all entries made by me in this application are correct and true to the best of my knowledge and belief. I understand that in the event of any information being found incorrect or false, my candidature/ appointment is liable to be cancelled/ terminated.

Place _____

Date _____

Signature of the Applicant



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ENDORSEMENT OF THE EMPLOYER

Ref. No. _____

Date _____

FORWARDED

The applicant _____ (name) is holding the post of _____ (post) in this College/ University/ Institution/ Department in a temporary/ substantive basis since _____ (date) in the pay level _____. His/ her present pay is Rs. _____ per month. His/ her next date of increment is _____. We have no objection to his/ her application being considered for the post of _____.

It is further certified that no vigilance case is going on or contemplated against him/ her.

Signature of the Officer with seal