

## S.N.D.T. Women's University 1, Nathibai Thackersey Road, Mumbai - 400 020.

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EXAM CENTRE			CHURCHGATE									Photograph												
	Details of payment of application fee:  Bank's Name Demand Draft No Date: Rs																							
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5.	5. Date of Birth: (as in School Leaving Certificate): (DD/MM/YYYY)																							
6.	a. Ca	iste/	Cate	gory	y:								-	b. P	ersc	on wi	th D	isab	oility	y (Y	/N)	ı: <u> </u>		
7.	Nati	onali	ity: _																					
8.	*Ap <sub>l</sub>	peari	ng fo	or Pl	ET in	the s	subj	ect																
8.	. Area of Research Interest																							

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Qualification	Subject/s offered /Specialization	University	Year	% of Marks	Class
B.A./B.Com./B.Sc. Any Other					
M.A./M.Com./M.Sc. Any Other					
NET/SET (Subject) GPAT/GATE					
Other Qualifications					
1.					
2.					
3.					

<ol> <li>Research / Professional Experience</li> </ol>	11.	Research	/ Professional	Experience:
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Name of University/ Institute / Industry	Period	Position held / Nature
1.		

12.	Present Status: Designation &					Fellow/Pr	oject	Staff)				
	(If working ir	n SNDT	Women's	University,	please	forward	this	form	through	Head	of	 thε
	Department).			•	_							

12(a) Planning to work for Research Scholar as Full Time/Part Time.

## 13. Declaration:

I hereby declare that all the particulars given above are true and correct. In the event of any information being found before or after the test to be false or incorrect, my application is liable to be cancelled.

I further declare that, I fulfil all conditions of eligibility regarding educational qualification as per the University guidelines.

Place:	Date:	Signature of the Applicant:
I lace	Date	

## For further information check: www.sndt.ac.in

## \*Note:

- 1. Please note that your registration (on the clearing the test successfully) will be in the same
- 2. Students whose result is awaited are not eligible. 3. Submit attested marksheet. (T.Y./Master Degree)
- 4. Downloaded marksheet will not be accepted.
- 5. Incomplete application form will not be accepted.