

**PROFORMA 'B'**



एस.एन.डी.टी. महिला विद्यापीठ, मुंबई – 20.

**SNDT WOMEN'S UNIVERSITY**

1 N.T. Road, Churchgate, Mumbai – 400 020.

**PROFORMA FOR RECOGNISED POST-GRADUATE TEACHERS FROM AFFILIATED COLLEGES AND RECOGNISED INSTITUTIONS FOR FILLING THE CASUAL VACANCIES OF MEMBERS THAT HAVE OCCURED BEFORE THE EXPIRY OF NORMAL TERM ON THE BOARDS OF STUDIES IN CONCERNED SUBJECT OR GROUP OF SUBJECTS, BY THE STANDING COMMITTEE (u/s 40(2)(b)(ii) and 70(1) of the M.P.U. Act, 2016)**

To,  
The Registrar,  
SNDT Women's University,  
1, Nathibai Thackersey Road,  
Mumbai – 400 020.

Sir,

I am submitting herewith the requisite information for filling the casual vacancies of members that have occurred on the Board of Studies in \_\_\_\_\_ before the expiry of their normal term under Section 40(2)(b)(ii) of the Maharashtra Public Universities Act, 2016.

1. Name of the recognised post-graduate teacher in full (Block letters) : \_\_\_\_\_  
(Surname) (First Name) (Middle Name)
2. Subject / Group of Subjects : \_\_\_\_\_
3. Present Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin code \_\_\_\_\_
- Phone No. : Res.: \_\_\_\_\_ Off.: \_\_\_\_\_  
Mob. : \_\_\_\_\_  
E mail : \_\_\_\_\_
4. Name and address of the Affiliated College / Recognised Institution : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Department / Level (Eg. Sociology / UG / PG) (Please attach a copy of appointment letter) : \_\_\_\_\_  
\_\_\_\_\_

6. Educational Qualifications : \_\_\_\_\_  
 \_\_\_\_\_
7. Whether Full Time / Part Time/ Visiting : \_\_\_\_\_
8. Whether appointment is approved by the University. : \_\_\_\_\_  
 Yes / No  
 (If yes, enclose a copy of approval letter)
9. Teaching Experience : \_\_\_\_\_  
 Level (UG/PG)      If UG nature of component (DC/AC etc.)      No. Of years of teaching experience
10. Subject in which recognised as Post-Graduate Teacher : \_\_\_\_\_
11. Date of recognition by the SNDTWU (Please attaché the letter of recognition) : \_\_\_\_\_
12. Experience as Recognised Post-Graduate Teacher : \_\_\_\_\_
13. Total experience of work related to University Examinations : i.. As Paper setter \_\_\_\_\_  
 ii. As Examiner \_\_\_\_\_  
 iii. As Moderator \_\_\_\_\_  
 iv. As Chairperson/ Co-Ordinator \_\_\_\_\_  
 at University Examinations
14. Year and date of obtaining Ph.D. and the name of the University : \_\_\_\_\_

**Declaration by the Recognised Post-Graduate Teacher**

I hereby declare that, the information furnished by me as above is true and correct to the best of my knowledge and belief.

Place : \_\_\_\_\_  
 Date : \_\_\_\_\_ (Signature)

**Declaration by the Principal of the College / Head of Recognised Institution**

I certify that the above information has been checked by me and is found to be correct and the said Recognised Post-Graduate Teacher possesses the above qualifications and teaching experience / the experience related to University Examination work.

Place : \_\_\_\_\_  
 Date : \_\_\_\_\_



\_\_\_\_\_ (Name and signature of the Principal of College/ Head of the Recognised Institution)

**NOTE : -**

- Photocopies of the relevant documents duly attested should be attached with the proforma.