

PROFORMA 'C'



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

SNDT WOMEN'S UNIVERSITY

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

PROFORMA FOR TEACHERS FROM AFFILIATED COLLEGES AND RECOGNISED INSTITUTIONS OTHER THAN HEADS OF DEPARTMENTS FOR FILLING THE CASUAL VACANCIES OF MEMBERS THAT HAVE OCCURED BEFORE THE EXPIRY OF NORMAL TERM ON THE BOARD OF STUDIES IN CONCERNED SUBJECT OR GROUP OF SUBJECTS, BY THE STANDING COMMITTEE (u/s 40(2)(b)(iii) 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)(iii) of the Maharashtra Public Universities Act, 2016.

1. Name of the 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
11. 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
12. Year and date of obtaining Ph.D. and the University : _____

Declaration by the 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 the Recognised Institution

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

Place : _____
 Date : _____



 (Signature of the Principal of the affiliated College / Head of Recognised Institution)

NOTE : -

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