



एस.एन.डी.टी. महिला विद्यापीठ, मुंबई - २०.

## SNDT WOMEN'S UNIVERSITY

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

### FORM FOR REGISTRATION OF TEACHERS FOR PREPARATION OF ELECTORAL ROLL

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

**Paste  
Recent  
Photo  
& sign  
across**

Sir,

I am submitting herewith the requisite information for the purpose of preparation of Electoral Roll of Teachers for the election of ten Teachers to the Senate under Section 28(2)(r) of the Maharashtra Public Universities Act, 2016.

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- Name of the Teacher in full (Block letters) : \_\_\_\_\_  
(Surname) (First Name) (Middle Name)  
Date of Birth : \_\_\_\_\_
  - Present Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin code \_\_\_\_\_  
Phone No. : Res.: \_\_\_\_\_ Off.: \_\_\_\_\_  
Mob. : \_\_\_\_\_  
E mail : \_\_\_\_\_
  - Name and Address of the College / Institute : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Degrees with the names of Universities : \_\_\_\_\_  
\_\_\_\_\_

5. Year and date of obtaining Ph. D. degree : \_\_\_\_\_  
\_\_\_\_\_
6. Nature of appointment as Teacher as defined in Section 2(61) Kindly specify (attached relevant appointment order) : \_\_\_\_\_
7. Whether appointment as Teacher is duly approved by the University. (If so please attach copy of approval of University.) : \_\_\_\_\_
8. Subjects taught / teaching at Bachelor's / Master's Degree level : \_\_\_\_\_
9. Date of appointment : \_\_\_\_\_
10. Date of Superannuation : \_\_\_\_\_
11. Category : Open / SC / ST / NTDT / OBC/ SBC / Others

**Declaration**

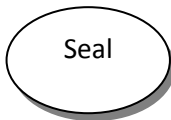
I hereby declare that, the information furnished by me as above is true and correct to the best of my knowledge and belief.

Place :  
Date :

\_\_\_\_\_  
(Teacher's Signature)

**Declaration by the Principal of the College / Director of the Institute / Head of University Department / Institutions**

I certify that all the above information is correct. I also certify that the above mentioned teacher who is working in the college / University Department / Institutions / Recognized Institute satisfies the requirement of the term of teacher as defined under Section 2(61) as given below.



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(Signature of the Principal of the College / Director of the Institute / Head of University Department)

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

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

**NOTE : -**

- Photocopies of the relevant documents duly attested should be attached with the forms.
- Please submit two current photographs with the form. (Kindly write your name behind the photographs)