



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

SNDT WOMEN'S UNIVERSITY

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

**PROFORMA FOR PREPARATION OF ELECTORAL ROLL
OF TEACHERS FOR ELECTION OF TWO TEACHERS REPRESENTING
EACH FACULTY TO THE ACADEMIC COUNCIL
(u/s 32(3)(g) of the M.P.U. Act, 2016)**

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

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& sign
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Sir,

I am submitting herewith the requisite information for the purpose of preparation of Electoral Roll of Teachers for election of two teachers representing each Faculty to the Academic Council under Section 32(3)(g) of the Maharashtra Public Universities Act, 2016.

-
1. Name of the Teacher in full : _____
(Block letters) (Surname) (First Name) (Middle Name)
- Date of Birth : _____
2. Present Residential Address : _____

_____ Pin code _____
- Phone No. : Res.: _____ Off.: _____
Mob. : _____
E mail : _____
3. Name and Address of the : _____
University Department / College
/ Institution _____

4. 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. Faculty : (1) Humanities (2) Commerce & Management
 (Please refer to the list of Faculties and subjects thereunder) (3) Interdisciplinary (4) Science & Technology
12. : _____
 Open / SC / ST / NTDT / OBC/ SBC / Others

Declaration

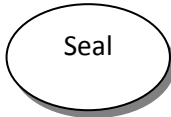
I hereby declare that, the information furnished by me as above is true and correct to the best of my knowledge and belief.

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 filled by the teacher 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) of the Maharashtra Universities Act, 2016.



(Signature of the Principal of the College / Director of the Institute / Head of Recognized Institution / Post Graduate Centre)

Place : _____

Date : _____

NOTE : -

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