



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 HEADS OF DEPARTMENTS FOR ELECTION OF THREE HEADS OF DEPARTMENT TO
THE BOARD OF STUDIES IN CONCERNED SUBJECT OR GROUP OF SUBJECTS
(u/s 40(2)(c) 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 Heads of Department for election of three Heads of Department to the Board of Studies in concerned subject or group of subject under Section 40(2)(c) of the Maharashtra Public Universities Act, 2016.

1. Name of the HOD in full (Block letters) : _____
(Surname) (First Name) (Middle Name)
2. Date of Birth : _____
3. Gender : _____
4. Religion : _____
5. Category : _____
Open / SC / ST / NTDT / OBC/ SBC / Others
6. Present Residential Address : _____

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

9. Department / Level (Ex. Sociology / UG / PG) (**Please attach a copy of appointment as Head of Department**) :
10. Qualifications :
11. Whether Full Time / Part Time/ Visiting :
12. Whether appointment is approved by the University. (**enclose copy of the University approval**) :
 Yes / No
 (If yes, enclose a copy of approval letter)
13. Subject(s) taught :
14. Date of appointment :
15. Date of Superannuation :
16. Teaching Experience (in number of years) :
17. Experience as Head of the Department (in number of years) :
18. Year and date of obtaining Ph.D. degree University :
19. Faculty : (1) Humanities (2) Commerce & Management
 (Please refer to the list of Faculties and subjects there under) (3) Interdisciplinary Studies (4) Science & Technology

Declaration by the Candidate

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 :

 (Candidate's Signature)

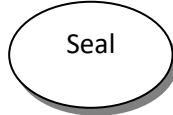
- Photocopies of the following documents **duly self attested** should be attached with this form.
 - 1) Appointment letter as full time regular teacher
 - 2) Appointment letter as a HOD
 - 3) University approval letter
 - 4) Marriage Certificate / Gazette Copy if any change in name

Declaration by the Principal of the College

I certify that the above information has been checked by me and is found to be correct and the said Head of the Department possess the qualifications and teaching experience as required for preparation of electoral roll of Heads of Departments as per the Maharashtra Public Universities Act,2016.

Place : _____

Date : _____



(Signature of the Principal of the College)

NOTE : -