Annual Related Party Declaration Form

SNDT WOMEN'S UNIVERSITY
ANNUAL RELATED PARTY DECLARATION
(Financial Year 2026-27)

1. Name: _____
2. Designation/Position: _____
3. Department/Authority/Committee:
4. I hereby declare the following interests:

A. Proprietorships/Firms/Partnerships/LLPs in which I or my close relatives have an interest:

B. Companies in which I or my close relatives are Directors, Shareholders or Key Personnel:

C. Trusts, Societies, NGOs or Educational Institutions with which I or my close relatives are associated:

D. Vendors, Contractors, Consultants or Service Providers having business dealings with SNDT Women's University and in which I or my close relatives have any interest:

E. Any other interest that may give rise to an actual or perceived conflict of interest:

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5. Declaration

I certify that:

a) The information furnished above is true and complete to the best of my knowledge.

b) I shall promptly inform the University of any change in the above information during the financial year.

c) I shall disclose any conflict of interest arising in any matter placed before a University authority, committee or decision-making body and shall recuse myself where required.

Date: _____

Signature: _____

Name: _____

Designation: _____