



SHREEMATI NATHIBAI DAMODAR THACKERSEY WOMEN'S UNIVERSITY,

1, Nathibai Thackersey Road, Mumbai - 400 020.

APPLICATION FOR EMPLOYMENT (TEACHING STAFF) ASSOCIATE PROFESSOR/ ASSISTANT PROFESSOR/ FIELDWORK SUPERVISOR POST APPLIED FOR: 1. Name in full Mr./Mrs./Miss (Surname) (First Name) (Father's / Husband's Name) (IN BLOCK LETTERS) 2. Postal Address in full: (IN BLOCK LETTERS) _PIN CODE NO.____ 3. Telephone No. (if any): (Office): (Resi.): Mobile No.: Email Id: 4. Personal Details: Married Nationality Specify the caste if Age Date of Number & age / Single belonging to SC/ST/DT-NT Birth of Children, if /OBC with support of caste any certificate

5. Language known (Please give details and ✓ in appropriate columns)

Mother-tongue :	Read	Write	Speak
. Wother tongue .			
Other languages 1.			
2.			
3.			

	6.	Education	qualification	beginning	with S.S.C.	H.S.C. or	equivalent	Examination
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Examination passed	Class	Percentage	Year of passing	Name of Board / University	Medium through which studied	Subject/s of Specialization

7. Teaching Experience

Name of Institution	Designation (if full time/ part-time or	Subject taught specifying level (i.e. Jr. College/	Period		
	visiting, mention of same be made)	Graduate/Post Graduate level etc.)	From	То	

8. Any other Experience

Name of Organization	Designation	Noting of Work	Period		
Name of Organization	Designation	Nature of Work	From	То	

9. Please give below the title of Thesis/Dissertation approved/submitted for M.Phil., Ph.D., etc. and name of the Guide

Title of Thesis/Dissertation	Name of the Guide	Year of approval/submission

	(a) Articles:		
	(b) Research Papers:		
	(c) Books etc.:		
11.	Additional remarks, if any, on any item consider not included elsewhere.	ed releva	ant and important by the candidate bu
12.	Name and address of two persons other than relat work and character of the applicant (enclosed of certificates should be from the last employer a Institution from where the candidate has passed the	copies of and if no	certificate from them. One of the t employed from the Head of the
	Name		Full address
	1)		
	2)		
I hereby	confirm that all the information given in the appli	cation is	correct:
Date:		(Name :	Signature of the applicant)

10. Publications (if list is long same be appended)

DECLARATION

I, hereby, declare that, all information submitted in this application and in its accompaniments is true, complete and correct to the best of my knowledge and belief. I accept that, in the event of any information being found false, incomplete, or incorrect, my candidature / appointment is liable to be cancelled / terminated at any stage. I further understand that no cognizance shall be taken of any request for withdrawal of my application. I have read carefully all instructions given in Advt. No. 01/2022 on the website of the University www.sndt.ac.in.

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PIACE	•	Mumbai
I lacc		Munibar

Date:

Name & Signature of the Candidate:

Place: Mumbai

Date: