SNDT Women's University
1, Nathibai Thackersey Road,
Mumbai – 400 020
Phone : +91 22 2203 1879
Fax : +91 22 2201 8226

श्रीमती ना. दा.महिला ठाकरसी विद्यापीठ
१, नाथीबाई ठाकरसी मार्ग
मुंबई ४०० ०२०
Telegram: UNIWOMEN
Website : sndt.ac.in

(Please submit seven sets with necessary enclosures)

Affix recent passport size photograph with self attestation

To,
The Registrar,
SNDT Women's University,
Mumbai – 400 020.

Sub : Application for the post of Principal, C. U. Shah College of Pharmacy

Sir,

I hereby submit my application for the post of _____
(write name of the post in handwritten) with the following details :

APPLICATION FORM

(Please read the general instructions, Terms & conditions before filling the form)

1. Application Online Fee details :		
Application Online Fee Receipt No.	Date	Amount (Rs.)

2. **Personal Details** (In Capital Letters)							Enclosure No.
Full Name (Surname First)							
Date of Birth (DD/MM/YY)	DD	MM	YY	Age (In years) as on _____ _____	MM	YY	
Gender (Male/Female)				Marital Status			
Nationality				Religion			
Caste with Caste (SC/ST/VJ-A/NT(B/C/D)/ OBC/OPEN/PH. etc.)							
Particulars of Physical Disability, if Applicable							

3. **Address**	
Address for Correspondence	**Permanent Address**
Pin Code :	Pin Code :

4. **Communication Address**	
E-mail ID	
Phone No. with STD	
Mobile No.	
Fax No. with STD	

5. **Educational Qualification** (Matriculation onward)					**Enclosure No.**
Name of Exams. Degree	**University/ Institution/ Board**	**Year of Passing**	**Percentage of Marks**	**Division/ Class/ CGPA**	
(Please use an additional sheet, if required, retaining the above tabular format)					
Ph.D. (Mark √ in Appropriate Box	**Degree Awarded [ ]**		**Thesis Submitted [ ]**		
Title of Thesis/Dissertation *(If Published, give details on a separate sheet)*					
Ph.D.					
M. Phil					
P.G.					
Particulars of NET/SET/SLET/ GATE or Equivalent Exam					

6. **Present Position**						**Enclosure No.**
Designation	**University/ Institution**	**From Date**	**Basic Pay**	**Pay Scale/ Pay Band**	**Gross Pay / Total Salary p.m.**	

7. **Teaching Experience as an approved full – time teacher**								**Enclosure No.**
Post Held	**Basic Pay & Pay Band with A.G.P.**	**University Institution**	**Period**		**Teaching Experience**			
			From	**To**	**Y**	**M**	**D**	

Total Teaching Experience : **[_____ Y (Years)] [_____ M (Months)] [_____ D (Days]**

Special contribution, if any :

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(Enclose additional sheet, if required, in the same format)

8. **Experience in Research Establishment/ Institutions of Higher Learning/ Industrial/ Professional/ Entrepreneurial**								**Nature of work**	**Enclosure No.**
Post Held	**Basic Pay & Pay Band with A.G.P.**	**University/ Institution**	**Period**		**Experience**				
			From	**To**	**Y**	**M**	**D**		
Total Experience : : **[_____ Y (Years)] [_____ M (Months)] [_____ D (Days]**									

Special contribution, if any :

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(Enclose additional sheet, if required, in the same format)

9. **Research Experience :**		**Enclosure No.**
Number of Ph.D. Degrees Awarded under Supervision :	[ ]	
Number of Ph.D. Thesis Submitted under Supervision :	[ ]	
Number of Ph.D. Students Registered under Supervision :	[ ]	
Total Research Experience :	**[_____ Y (Years)] [_____ M (Months)] [_____ D (Days]**	

10. Publications :			**Enclosure No.**
Number of Books Published :	**[ ] Own**	**[ ] Joint Authorship**	
Number of Books Edited :	**[ ] Own**	**[ ] Joint Authorship**	
Number of Papers Published :	**[ ] Own**	**[ ] Joint Authorship**	

Own				**Joint Authorship**			
International Journals	National Journals	International Conferences/ Seminars / Symposium	National Conferences /Seminars / Symposium	International Journals	International Conferences/ Seminars / Symposium	National Conferences /Seminars / Symposium	International Conferences/ Seminars / Symposium
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

NOTE : Give the details of Publications on separate sheet.

11. Administrative Experience :								**Enclosure No.**
Post Held	**Basic Pay & Pay Band with A.G.P.**	**University Institution**	**Period**		**Administrative Experience**			
			From	**To**	**Y**	**M**	**D**	

Total Administrative Experience : **[_____ Y (Years)] [_____ M (Months)] [_____ D (Days]**

Special contribution, if any :

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(Enclose additional sheet, if required, in the same format)

12. Experience of establishment of an Enterprise / Industry / Firm	Enclosure No.
…… …… …… …… …… …… …… …… …… …… …… …… …… …… …… …… *(Enclose additional sheet, if required, in the same format)*	

13. Details about executed major Research / Consultancy / Industrial project									**Enclosure No.**
Sr. No.	**Title of the Project**	**Name of Agency**	**Period**	**Type of Project** (Research/ Consultancy / Industrial	**Whether Collaborative of Joint**	**Linkages** at (National/ International University or Institution or Industry)	Grant / Amount Mobilized (Rs. In Lakhs)	Whether policy Department / Patent as outcome	

14. Evidence regarding knowledge in the filed of Intellectual Property Rights	**Enclosure No.**
…… …… …… …… …… …… …… …… …… …… …… …… …… …… …… *(Enclose additional sheet, if required, in the same format)*	

15. Academic Distinctions (Award/ Scholarship/ Rank, etc) : *(Enclosure additional sheet, if required, in the same format)*		**Enclosure No.**
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		
(viii)		
(ix)		
(x)		

16. Membership / Fellowship of learned Accredited Academic Bodies : *(Enclosure additional sheet, if required, in the same format)*		**Enclosure No.**
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		

17. Competence in Computer Applications :	**Enclosure No.**
…… …… …… …… …… …… …… …… …… …… …… …… *(Enclose additional sheet, if required, in the same format)*	

18. Additional Information, if any : *(Use separate sheet, if necessary)*	**Enclosure No.**
…… …… …… …… …… …… …… …… …… …… …… ……	

19. Name and Postal Address of Two References :	
Reference 1	**Reference 2**
E-mail ID :	E-mail ID :
Mobile No. :	Mobile No. :

20. Academic Score as per Appendix – II, Table 2 of G.R. No. Misc-2018/C.R.56/18/UNI-1 dated 08.03.2019 : _____

(Appendix – II, Table 2 should be attached with verified academic score/API)

21. Total No. of Enclosures attached : _____

DATE : _____

PLACE : **(Signature of Applicant)**

DECLARATION - I

I, hereby, declare that, all information submitted in this application and 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 for the post of _____ 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 the **Advt. no. 04/2025 dated 08.11.2025** on the website of the University.

DATE :

PLACE :

_____

(Signature of Applicant)

(Government of Maharashtra, Gazettee, April, 28, 2005)

Form – 'A'

(See Rule – 4)

I, Dr./Shri./Mrs./Ms. _____,

son/Daughter/Husband/Wife of Dr./Shri. _____

_____ aged _____ years resident at _____

_____

do hereby declare as follows :-

That I have filled my application for the post of **_____ as per the Advt. no. 04/2025 dated 08.11.2025.**

1. I have _____ (Number) living children as on today, out of which number of children both after 28th March, 2005 is/are _____ (Mention dates of Birth, if any)
2. I am aware that if total number of living children are more than two, due to the children born after 28th March, 2006, I am liable to be disqualified for the same post.

DATE : _____

PLACE : **(Signature of Applicant)**

ENDORSEMENT BY THE EMPLOYER
(For in-service conditions only)

To be signed and forwarded by the present employer

Forwarded to :

The Registrar,
SNDT Women's University,
Mumbai – 400 020.

The applicant Dr./Shri./Mrs./Ms. _____, who has submitted this application for the post of _____

as per the Advt. no. 04/2025 dated 08.11.2025 in the SNDT Women's University, Mumbai has been working in _____ _____, on the post of _____ in a temporary, permanent capacity with effect from _____ in the scale of Pay/ Pay Band of Rs. _____ with Grade Pay of Rs. _____. His/her next increment is due on _____. Further it is certified that no disciplinary/ vigilance case has ever been held or contemplated or is pending against the said applicant.

There are **No Objection** for his/her application being considered by the SNDT Women's University, Mumbai.

_____
Signature of the forwarding authority

Name : _____
Designation : _____ **OFFICE SEAL**
Place : _____
Date : _____

S.N.D.T. WOMEN'S UNIVERSITY, MUMBAI

Particulars of applicant for the post of _____

Post Category : **Unreserved**	No. of Post : **01 (ONE)**	**Advt. no. 04/2025 dated 08.11.2025**

Name & Correspondence Address of the Applicant with Contact No. & Email ID	Date of Birth	Academic Qualifications				Experience (Years/Months/Days					No. of execute major Research/ Consultancy/ Industrial Projects	Evidence regarding knowledge in the field of intellectual Property Rights	Publications
		Degree Awarded	Year of Passing	Percentage/ CGPA	Div. / Grade	Teaching	Research/ Industrial/ Professional / Entrepreneurial	Administrative	Establishment of an Enterprise/ Industry	Establishing Collaborations/ Linkages at National / International level			
1	2	3	4	5	6	7	8	9	10	11	12	13	14
	AGE as on _____												International : Own : _____ Joint : _____ Total : _____ National : Own : _____ Joint : _____ Total : _____

I hereby declare that all the entries made by me are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature for the post of _____ may be cancelled without assigning any reason there for.

Date : _____

Signature of Applicant :

Place : _____

Name of Applicant : _____