

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

1, Nathibai Thackersey Road, New Marine Lines, Mumbai -400 020.

Advertisement No. 02/2025 Dated 18.09.2025

<u>Prescribed Application Form</u> <u>Assistant Professor / Project Associate</u>

Candidates are requested to fill in relevant column in the Application form. For another column/s which is not applicable they should leave it blank.

Affix Latest Passport size photograph with self attestation

	T. W	•	Universit	ty,							
Sub:	App	olication	n for the	post of			(Na	me	of the	Post)	
Sir, details		ereby, s	submit m	y applica	tion :	for t	he post	me	ntione	d above,	with the following
1.	Naı	ne in Fu	ll (in Cap	oital Lette	rs)						
		i. /Smt.	<u>.</u>	(Surnar	ne)		(Na	ıme)	(Fa	ather's Name)
	ın ı	Devnagr	<u> </u>								
2.	Pos	tal Add	ress in F	ull :							
Phone No. with STD code : Mobile No Email ID (Mandatory) :											
3.	Date	e of Birt	h :			4. Age: 5. M			5. Male / Female:		
7.			Handica	y y y y pped: Ye in the ap	s/No		e box)	V	Vhethe	er Sportsi	nan : Yes/No
	SC (1)	ST (2)	VJ(A) (3)	NT(B) (4)		(C)	NT(E))	OBC	SBC (8)	UNRESERVED (9)
	<u> 1) </u>	(4)	(3)	(4)	(-	5)	(0)		(7)	(O)	(7)
	Cas	te :					Sul) Ca	ste :		
8.						_	(b)	Mot	ther to	ngue :	
9. Ap	pplic	ation C	Inline Fo	ee details	:						
Ар	plica	tion Onl	ine Fee F	Receipt No	٠.	Date Amount (I			mount (Rs.)		

10. Languages Known	(Please give details and	in appropriate columns
10. Duliguages itilowii	The doc give details and	in appropriate columns

Mother-tongue	Read	Write	Speak
Other Languages 1.			
2.			
3.			

11. Educational Qualifications:

Examination Passed	University / Board	Month & Year of Passing	Subjects of Specialization	% of Marks	Class/Div/ Grade awarded

Thes	is/Dissertation approved/submitted for		tc., if any, if applicable
Sr.	Title of Thesis/Dissertation	Name of Guide	Year of approval /
No.			Submission
1.			
2.			
3.			
4.			
5.	Brief Description of research work done or directed (other than research undertaken during Post-Graduate Studies)		
	Publications		
6.	Articles		
7.	Research Papers		
8.	Books etc		
9.	Additional remarks, if any, on any ite by the candidate but not include elsew		elevant and important

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12. Teaching/Technical/Professional/Administrative Experience:

Sr.	Name of	Position	Nature of Appointment	Pe	riod	salary/
No.	Institution	Held		From	То	salary scale

Sr. No.	Present Position	
1.	Name of the Institution /Organization where working	
2.	Designation	
3.	Nature of appointment (Temporary/Permanent/Part- time/Full Time)	
4.	Date of appointment	
5.	Date of confirmation	
6.	Salary	
	Present Salary Scale/Pay Band with AGP	
	Present Basic Salary	
	Allowances	
	Total emoluments	
		T
	Date of next increment	
	Amount of increment	

13.	Members if any, if a	hip of vari pplicable.	ous Natio	nal / Inte	rnational	Academic	/ Non Aca	idemic

14.

	Other Information					
	made about work and character of the app from them. One of the certificates should be	ns other than relatives, to whom reference can be er of the applicant (enclosed copies of certificate ites should be from the last employer and if not Institution from where the candidate has passed				
Sr. No.	Name	Full Address				
1 (a)						
1(b)						
2.	Date when you can join, if selected					
3.	Registration No. given by the Employment exchange, if registered with them					
4.	Have you any relative/s employed at the University or any of the Institutions concerned with University, if so give name of relative, name of the Institution/Department where he/she is working					

15. An	y other information, which is not cover above.	
16. Fo	llowing documents are enclosed :	
		-
2.		-
3.		-
4.		-
5.		-
6.		-
7.		-

Place: Date:

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. 02 of 2025 dated 18.09.2025 on the website of the University

https://sndt.ac.in

Place : Date :		
		Name & Signature of the Candidate:
	Recommendation o	of employer
To, The Registrar, S.N.D.T. Women's Un Mumbai -20	niversity,	
Sir,		
I am forwarding an	application of Shri./Smt	working
in	as	as a duly recommended.
		Yours faithfully,
		(Name & Signature of Employer) Seal :
Place : Mumbai Date :		

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DECLARATION OF SMALL FAMILY

FORM - 'A'

(See Rule - 4)

Dis	istrict : City : do hereby declared as follow	s:
1)	That I have filled my application for the Post of	
	as per the Advt. No. 02 of 2025 dated	
	18.09.2025	
2)	I have (Number) living children as on today	Out
	of which No. of children born after 28 th March, 2005 is	-
	dates of birth, if any) Date of Birth of children who born after 28th Ma 2005.	ırch,
3)	I am aware that, if any total No. of living children are more than two d	ue to the
	children born after 28th March, 2006, I am liable to be disqualified for	the sam
	post.	
		

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FORMAT FOR NO OBJECTION CERTIFICATE (To be typed on Employers letterhead)

TO WHOMSOEVER IT MAY CONCERN

Certified that Shri/Smt./Kum	
working as (Designation)	is a confirmed employee of this
(Organization name)	This office
has ${f NO}$ ${f OBJECTION}$ in his / her applyi	ing for the post of at
the S.N.D.T. Women's University, Mumb	oai in response to the advertisement in newspaper
Advt. No. 02 of 2025 dated 18.09.2	$oldsymbol{2025}$ and to appear for interview (if called). There
is no vigilance/disciplinary case either	pending or contemplated against him/her.
	Signature of Head of the Department/ Forwarding Authority.
Place :	
Date:	

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

Statement showing particulars of applicant for the post of Assistant Professor & Project Associate												
Post Category : Unreserved					No. of Post 01 (One)			Advertisement No. 02 of 2025 dated 18.09.2025				
Name & Correspondence	Date of Birth	Academic Qualification			Experience (Year/Month/Days)		No. of Publications, if any			No. of State/ National Level	No. of National/	
Address of the Applicant with Contact No. & Email ID		Degree Awarded	Year of Passing	%/ CGPA	Div./ Grade	Teaching	Admin	State	National	International	Award, if any	International/ Seminars/ Conferences Attended, if any
1	2	3	4	5	6	7	8	9	10	11	12	13
								1. Articles	1. Articles	1. Articles	State Total Award	International Seminar:
	Age as on							2. Research Paper	2. Research Paper	2. Research Paper		Conference: Total:
	18.09.2025							3. Books	3. Books	3. Books	National Total Award	National: Seminar:
												Conference: 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 statutory officers Post of Registrar may be cancelled without assigning any reason there for.

Date:	Signature of Applicant:
Place:	Name of Applicant: