



Application No. :- _____
(To be filled in by the University Office)

**SHREEMATI NATHIBAI DAMODAR THACKERSEY
WOMEN'S UNIVERSITY,**

1, Nathibai Thackersey Road, Mumbai - 400 020.

APPLICATION FOR EMPLOYMENT (TEACHING STAFF)

ASSISTANT PROFESSOR/ FIELDWORK SUPERVISOR

POST APPLIED FOR:

1. **Name in full** -
(IN BLOCK LETTERS) (Surname) (First Name) (Father's / Husband's Name)

2. **Postal Address in full:**

3. **Telephone No. (if any):**

(Office): NA (Resi.):

Mobile No.:

Email Id:

4. Personal Details:

Age	Date of Birth	Married / Single	Number & age of Children, if any	Nationality	Specify the caste if belonging to SC/ST/DT-NT /OBC with support of caste certificate

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

	Read	Write	Speak
Mother-tongue:			
Other languages 1.			
2.			
3.			
4.			

6. Education qualification beginning with S.S.C. / H.S.C. or equivalent Examination

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 visiting, mention of same be made)	Subject taught specifying level (i.e. Jr. College/ Graduate/Post Graduate level etc.)	Period	
			From	To

8. Any other Experience

Name of Organization	Designation	Nature of Work	Period	
			From	To

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

(a) Articles:

(b) Research Papers:

(c) Books etc.:

11. Additional remarks, if any, on any item considered relevant and important by the candidate but not included elsewhere.

12. Name and address of two persons other than relatives, to whom reference can be made about work and character of the applicant (enclosed copies of certificate from them. One of the certificates should be from the last employer and if not employed from the Head of the Institution from where the candidate has passed the last examination).

Name	Full address
1)	

2)	

I hereby confirm that all the information given in the application is correct:

Date :

Signature of the applicant

(Name :)

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. 01/2017 on the website of the University www.sndt.ac.in.

Place : Mumbai

Date :

Name & Signature of the Candidate: