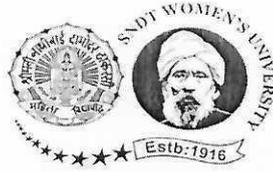**SNDT Women's University**
1, Nathibai Thackersey Road,
Mumbai – 400 020
Phone : +91 22 2203 1879
Fax   : +91 22 2201 8226

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

Estb:1916

Advt. no. 01 of 2026 Dated 26.02.2026

Affix recent
passport size
photograph
with self
attestation

(Please submit seven sets with necessary enclosures)

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 26.02.2026 _____	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)

Name of Exams. Degree	University/ Institution/ Board	Year of Passing	Percentage of Marks	Division/ Class/ CGPA	Enclosure No.

(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

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

7. Teaching Experience as an approved full – time teacher

Post Held	Basic Pay & Pay Band with A.G.P.	University Institution	Period		Teaching Experience			Enclosure No.
			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 :

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

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

Special contribution, if any :

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....
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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.
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(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. 01 of 2026 dated 26.02.2026** 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. 01 of 2026 dated 26.02.2026.

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. 01 of 2026 dated 26.02.2026 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. **01 of 2026 dated 26.02.2026**

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 26.02.2026												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 : _____

Place : _____

Signature of Applicant : _____

Name of Applicant : _____