

**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

१, नाथीबाई ठाकरसी मार्ग

मुंबई ४०० ०२०

Telegram: UNIWOMEN

Website : sndt.ac.in

**Model College (Principal) Advt. no. 01/2026 Dated 31.01.2026**

(Please submit seven sets with necessary enclosures)

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

Affix recent  
passport size  
photograph  
with self  
attestation

**Sub : Application for the post of \_\_\_\_\_**

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 &amp; 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<br>(Surname First)                                     |    |    |    |                                       |    |    |  |
| Date of Birth<br>(DD/MM/YY)                                      | DD | MM | YY | Age (In years)<br>as on<br>31.01.2026 | MM | YY |  |
| Gender<br>(Male/Female)                                          |    |    |    | Marital Status                        |    |    |  |
| Nationality                                                      |    |    |    | Religion                              |    |    |  |
| Caste with Caste<br>(SC/ST/VJ-A/NT(B/C/D)/<br>OBC/OPEN/PH. etc.) |    |    |    |                                       |    |    |  |
| Particulars of Physical<br>Disability, if Applicable             |    |    |    |                                       |    |    |  |

|                                   |                          |
|-----------------------------------|--------------------------|
| <b>3. Address</b>                 |                          |
| <b>Address for Correspondence</b> | <b>Permanent Address</b> |
| Pin Code :                        | Pin Code :               |

|                                 |  |
|---------------------------------|--|
| <b>4. Communication Address</b> |  |
| E-mail ID                       |  |
| Phone No. with STD              |  |
| Mobile No.                      |  |
| Fax No. with STD                |  |

| <b>5. Educational Qualification</b> (Matriculation onward) |                                       |                        |                            |                              | <b>Enclosure No.</b> |
|------------------------------------------------------------|---------------------------------------|------------------------|----------------------------|------------------------------|----------------------|
| <b>Name of Exams. Degree</b>                               | <b>University/ Institution/ Board</b> | <b>Year of Passing</b> | <b>Percentage of Marks</b> | <b>Division/ Class/ CGPA</b> |                      |
|                                                            |                                       |                        |                            |                              |                      |
|                                                            |                                       |                        |                            |                              |                      |
|                                                            |                                       |                        |                            |                              |                      |
|                                                            |                                       |                        |                            |                              |                      |
|                                                            |                                       |                        |                            |                              |                      |
|                                                            |                                       |                        |                            |                              |                      |
|                                                            |                                       |                        |                            |                              |                      |
|                                                            |                                       |                        |                            |                              |                      |
|                                                            |                                       |                        |                            |                              |                      |

*(Please use an additional sheet, if required, retaining the above tabular format)*

|                                   |                                |                                  |  |
|-----------------------------------|--------------------------------|----------------------------------|--|
| Ph.D. (Mark √ in Appropriate Box) | <b>Degree Awarded [      ]</b> | <b>Thesis Submitted [      ]</b> |  |
|-----------------------------------|--------------------------------|----------------------------------|--|

**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/<br>Institution | From<br>Date | Basic Pay | Pay Scale/<br>Pay Band | Gross Pay /<br>Total Salary<br>p.m. | Enclosure<br>No. |
|-------------|----------------------------|--------------|-----------|------------------------|-------------------------------------|------------------|
|             |                            |              |           |                        |                                     |                  |

**7. Teaching Experience as an approved full – time teacher**

| Post Held | Basic Pay & Pay<br>Band with<br>A.G.P. | University<br>Institution | Period |    | Teaching Experience |   |   | Enclosure<br>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)] |               |

|                                                                   |                   |                                                 |                                            |                         |                                                 |                                            |                                                 |
|-------------------------------------------------------------------|-------------------|-------------------------------------------------|--------------------------------------------|-------------------------|-------------------------------------------------|--------------------------------------------|-------------------------------------------------|
| <b>10. Publications :</b>                                         |                   |                                                 |                                            |                         |                                                 |                                            | <b>Enclosure No.</b>                            |
| Number of Books Published :                                       |                   | [     ] Own                                     | [     ] Joint Authorship                   |                         |                                                 |                                            |                                                 |
| Number of Books Edited :                                          |                   | [     ] Own                                     | [     ] Joint Authorship                   |                         |                                                 |                                            |                                                 |
| Number of Papers Published :                                      |                   | [     ] Own                                     | [     ] Joint Authorship                   |                         |                                                 |                                            |                                                 |
| <b>Own</b>                                                        |                   |                                                 |                                            | <b>Joint Authorship</b> |                                                 |                                            |                                                 |
| 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 |
| [     ]                                                           | [     ]           | [     ]                                         | [     ]                                    | [     ]                 | [     ]                                         | [     ]                                    | [     ]                                         |
| <b>NOTE : Give the details of Publications on separate sheet.</b> |                   |                                                 |                                            |                         |                                                 |                                            |                                                 |

| <b>11. Administrative Experience :</b>                                                  |                                  |                        |        |    |                           |   |   | <b>Enclosure No.</b> |
|-----------------------------------------------------------------------------------------|----------------------------------|------------------------|--------|----|---------------------------|---|---|----------------------|
| 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) |                                  |                        |        |    |                           |   |   |                      |
| <b><u>Special contribution, if any :</u></b>                                            |                                  |                        |        |    |                           |   |   |                      |
| .....                                                                                   |                                  |                        |        |    |                           |   |   |                      |
| .....                                                                                   |                                  |                        |        |    |                           |   |   |                      |
| .....                                                                                   |                                  |                        |        |    |                           |   |   |                      |
| .....                                                                                   |                                  |                        |        |    |                           |   |   |                      |
| .....                                                                                   |                                  |                        |        |    |                           |   |   |                      |
| .....                                                                                   |                                  |                        |        |    |                           |   |   |                      |
| .....                                                                                   |                                  |                        |        |    |                           |   |   |                      |
| .....                                                                                   |                                  |                        |        |    |                           |   |   |                      |
| .....                                                                                   |                                  |                        |        |    |                           |   |   |                      |
| (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.[illegible]

#### 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)



| 19. Name and Postal Address of Two Referees : |              |
|-----------------------------------------------|--------------|
| 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 **Advertisement Model College (Principal) Advt. no. 01/2026 dated 31.01.2026** 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/Doughter/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 Advertisement Model College (Principal) Advt. no. 01/2026 dated 31.01.2026.**

1. I have \_\_\_\_\_ (Number) living children as on today, out of which number of children both after 28<sup>th</sup> 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 28<sup>th</sup> 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 Advertisement Model College (Principal) Advt. no. 01/2026**

**dated 31.01.2026** 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 : \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_

**OFFICE SEAL**

## Particulars of applicant for the post of

|                                   |                               |                                                                         |
|-----------------------------------|-------------------------------|-------------------------------------------------------------------------|
| Post Category : <b>Unreserved</b> | No. of Post : <b>01 (ONE)</b> | <b>Model College (Principal) Advt. no.<br/>01/2026 dated 31.01.2026</b> |
|-----------------------------------|-------------------------------|-------------------------------------------------------------------------|

| 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 31.01.2026 |                         |                 |                   |              |                                |                                                      |                |                                          |                                                                         |                                                                 |                                                                           | International :<br>Own : _____<br>Joint : _____<br>Total : _____<br><br>National :<br>Own : _____<br>Joint : _____<br>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.

Signature of Applicant :

**Name of Applicant :**