



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

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: