

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

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

Advertisement No. 01 /2016

Application for the post of Controller of Examinations & Finance & Accounts Officer

Affix Latest Passport size photograph with self attestation

To, The R	_								son attestation
		omen's 400 02	s Univer 20	rsity,					
Sub:	App	olicatio	n for th	e post of	(Nam	e of the F	Post)		
Sir,	I, h		submi						ed above, with the
1.	Nar	ne in F	ull (in C	apital Let	ters)				
	Shr	i. /Smt		(Surna	me)	(Nam	ıe)	(Fa	ather's Name)
2.		evnag tal Add							
			Mandat	ory) : _					
3.	Date	e of Bir d m		W W W		4. Age :] -	5. Male / Female :
	. Wł	nether	Handica	y y y apped : Yo /) in the	es/No.			er Sports	sman : Yes/No
S	SC 1)	ST (2)	VJ(A) (3)	NT(B) (4)	NT(C) (5)	NT(D) (6)	OBC (7)	SBC (8)	UNRESERVED (9)
	Cas	te :				Sub C	Caste : _		
8.	(a)	Nation	ality :			(b) M	other to	ongue : _	
9.									/
10.				(Please g					
	Mot	ther-to	ngue			Read	V	Vrite	Speak
	Oth	er Lan	guages	1.					

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$11. \, \textbf{Educational Qualifications}:$

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

Thes	is/Dissertation approved/submitted	l for M. Phil Pl	ı.D., etc.
Sr.	Title of Thesis/Dissertation	Name of	Year of approval /
No.	,	Guide	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 a important by the candidate but not	-	

$12. \, {\bf Teaching/Technical/Professional/Administrative \ Experience:}$

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

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Sr.	Present Position		
No.			
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	ı	
	Date of next increment		
	Amount of increment		

3. List the Membership of various National / International Academic / Non Academic bodies.	

	Other Information							
	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.)							
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							

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Place : Mumbai	
Date:	Nama & Signature of the Candidate
	Name & Signature of the Candidate

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. 3/2014 on the website of the University www.sndt.ac.in.

Place : Mumbai Date :	
	Name & Signature of the Candidate:
Recommendatio	n of employer
To, The Registrar, S.N.D.T. Women's University, Mumbai -20	
Sir,	
I am forwarding an application of Sl	nri./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)

str	rict : City : do hereby declared as follows :
1)	That I have filled my application for the Post of
2)	I have (Number) living children as on today Out of which No. of children born after 28th March, 2005 is (Mention dates of birth, if any) Date of Birth of children who born after 28th March, 2005.
3)	I am aware that, if any total No. of living children are more than two due to the children born after 28^{th} March, 2006 , I am liable to be disqualified for the same post.
Place :	
)ate :	
	Name & Signature of the candidat

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

TO WHOMSOEVER IT MAY CONCERN

Certifie	ed tha	at S	hri/Smt./Kum.										
workin	ıg as (l	Desig	gnation)					i:	s a co	onfirn	ned ϵ	emplo	yee o
this (0	rganiz	ation	name)										. This
office	has	NO	OBJECTION	in	his	/	her	apply	ing	for	the	po	st o
			a	t th	e S.N	I.D.T	. Wc	men's	Uni	iversi	ty, ľ	Muml	oai ir
respon	se to	the	advertisemen	t in	news	раре	r In	dian E	xpre	ss/ I	oksa	itta	dated
			and to	appo	ear fo	r inte	erviev	w (if ca	lled)			Tl	here is
no vigi	lance/	disci	plinary case eit	her p	oendii	ng or	cont	emplat	ed ag	gainst	him	/her.	
					Forw	_		re of He		f the l	 Depa	rtmei	 nt/
Place :			_										
Date ·													