



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

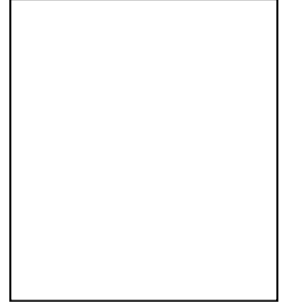
**SHREEMATI NATHIBAI DAMODAR THACKERSEY
WOMEN'S UNIVERSITY,**

1, Nathibai Thackersey Road, Mumbai - 400 020.

ADVERTISEMENT NO. 01 / 2016

APPLICATION FOR EMPLOYMENT (NON - TEACHING STAFF)

**(DEAN OF STUDENTS, EXECUTIVE ASSISTANT TO VICE CHANCELLOR,
STENOGRAPHER GRADE C, COMPUTER OPERATOR, PEON)**



POST APPLIED FOR : _____

Details of Demand Draft : DD. No. _____ Date : ____/____/____

Amount Rs. _____ Name of Bank : _____

1. Name in full Mr./Mrs./Miss : _____
(IN BLOCK LETTERS) (Surname) (First Name) (Father's / Husband's Name)

2. Postal Address in full : _____
(IN BLOCK LETTERS) _____

_____ PIN CODE : _____

3. Telephone No. (if any) :

(Office) : _____ (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. Languages known (Please give details and ✓ in appropriate columns)

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

6. Education qualification beginning with S.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. Working Experience

Name of Institution	Designation	Period		Reason for leaving or Change of Employment
		From	To	

8. PRESENT POSITION :

(a) Name of the organization where working _____

(b) Designation : _____

(c) Nature of duties performed and work handled : _____

(d) Nature of appointment (Temporary/Permanent/Part-Time/Full-Time)

(e) Present Salary Scale/Pay Band with Grade Pay : _____

Basic Salary Rs. _____ Grade : - Rs. _____

Allowance Rs. _____

Total Rs. _____

(f) Date of next increment and amount of increment :

Date of increment : _____ Amount of increment : _____

(g) Date of appointment : _____

(h) Date of Confirmation _____

9. Additional remarks, if any, on any item considered relevant and important by the candidate but not included in the form :-

10. Have you any relatives employed at the University or any of the Institutions connected with University? If so, give name of relative, name of the Institution where working and other details that may be useful.

11. Name and address of two persons other than relatives, to whom reference can be made about work and character of the applicant (enclose 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)	

12. Particulars of testimonials enclosed :

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____
- (f) _____

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

Signature of the applicant
(Name : _____)

Place :

Date :

NOTE

- Application should be filled in first and then take 07 xerox copies and such 8 copies should be submitted together with 3 copies of examination certificates and other testimonials. Incomplete application will not be entertained.
- Original examination certificates and testimonial should be brought alongwith the candidate at the time of interview, for verification of copies of certificates, etc. which are enclosed with the application.
- If space is not sufficient against item, details may be given separate enclosures.
- Candidate in employment must submit their application through their employers. In case it is not possible for their applications to reach this office through employer, before the closing date, the applications may be forwarded directly by the candidates and “*No Objection Certificate*” from their employers must furnished by the candidates before they are interviewed.
- Candidates called for Examination/Interview shall attend at their own cost.

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:

Recommendation of employer

To,
The Registrar,
S.N.D.T. Women's University,
Mumbai -20

Sir,

I am forwarding an application of Shri./Smt. _____ working
in _____ as _____ as a duly recommended.

Yours faithfully,

(Name & Signature of Employer)
Seal :

Place : Mumbai

Date :

DECLARATION OF SMALL FAMILY

FORM - 'A'

(See Rule - 4)

1. Shri./Smt./Kum. _____ son/
daughter/wife of Shri. _____
aged _____ years, resident of _____
_____ District
t : _____ 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 28th March, 2006, I am liable to be disqualified for the same
post.

Place : _____

Date : _____

Name & Signature of the candidate :

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

TO WHOMSOEVER IT MAY CONCERN

Certified that Shri/Smt./Kum. _____,
working as (Designation)_____ is a confirmed employee of this
(Organization name) _____. This office
has **NO OBJECTION** in his / her applying for the post of _____ at
the S.N.D.T. Women's University, Mumbai in response to the advertisement in newspaper
Indian Express/ Loksatta dated _____ and to appear for interview (if
called). There is no vigilance/disciplinary case either pending or contemplated against
him/her.

Signature of Head of the Department/
Forwarding Authority.

Place : _____

Date : _____