



S.N.D.T. WOMEN'S UNIVERSITY, MUMBAI  
1. Nathibai Thackersey Road, New Marine Lines, Mumbai – 400 020.

Application Form No. -----  
(For Office use only)

Advertisement No. : 01/2018

Dated :- 11/01/2018

To,  
**THE REGISTRAR (Addl. Charge),**  
**S.N.D.T. Women's University,**  
**01, Nathibai Thackersey Road,**  
**New Marine Lines,**  
**Mumbai – 400 020.**

Affix Latest  
Passport Size  
Photograph  
with self  
attestation

Sub :- Application for the Post of:

**DIRECTOR ( Innovation, Incubation and Linkages)**

Madam,

I hereby submit my application for the post mentioned above with the following details.

**APPLICATION FORM**

(Please read the general instructions, Terms & conditions before filling the form)

1. Application Fee (Non-Refundable)				
Demand Draft No	Date	Amount(Rs.)	Name of the Bank	Branch Name

2. Personal Details (In Capital Letters)				Enclosure No.
Full Name (Surname First)				
Date of Birth (DD/MM/YY)		Age (In Years) as on 10/01/2018		
Gender (Male/Female)		Marital Status	Mother tongue	
Languages Known				
Nationality		Religion		
Category 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:-	

4. Communication Details	
E-mail ID	
Phone No.	
Mobile No.	
Fax No.	

5. Educational Qualifications (Matriculation onward)					
Name of Exam. / 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. Phill.					
P. G.					
Particulars of NET / SET / or Equivalent Exam					

6. Present Position						Enclosure No.
Designation	University / Institution	From Date	Basic Pay	Pay Scale / Pay Band with AGP	Gross pay / Total Salary p.m.	

7. Teaching Experience as an approved full-time teacher								Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University / Institution	Period		Teaching Experience			
			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 / Industries / Professional								Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University / Institution	Period		Teaching Experience			
			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)								

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 Paper Published :		[ ] Own		[ ] Joint Authorship				
Own				Joint Authorship				
International Journals	National Journals	International conference / Seminars / Symposium	National conference / Seminars / Symposium	International Journals	National Journals	International conference / Seminars / Symposium	National conference / Seminars / Symposium	
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
Note : Give the details of Publications on separate sheets								

11. Administrative Experience								Encl
Post Held	Basic Pay & Pay Band with A.G.P.	University / Institution	Period		Teaching Experience			osur e No.
			From	To	Y	M	D	
Total Administrative Experience : [ -----Y(Years)] [ -----M(Months)] [ -----D(Days)]								
Special contribution, if any :								
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(Enclose additional sheet, if required, in the same format)								

12. Experience of establishment of an Enterprise / Industry	Enclosure No.
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
(Enclose additional sheet, if required, in the same format)	

13. Experience of establishment of Collaborations / Linkage at National / International Level	Enclosure No.
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
(Enclose additional sheet, if required, in the same format)	

14. Detail about executed major Research / Consultancy / Industrial Projects									Enclosure No.
Sr. No.	Title of the Projects	Name of Agency	Period	Type of Project ( Research Consultancy / Industrial )	Whether Collaborative of Joint	Linkage at (National / International University or Institution or Industry)	Grant/ Amount Mobilized (Rs. In Lakhs)	Whether Policy Document / Patent as outcome	

15. Evidence regarding knowledge in the field of Intellectual Property Rights	Enclosure No.
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(Enclose additional sheet, if required in the same format)

16. Academic Distinctions (Award/Scholarship/ Rank, etc.) Enclose additional sheet, if required, in the same format		Enclosure No.
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		
(viii)		
(ix)		
(x)		

17. Membership / Fellowship of Learned Accredited Academic Bodies: Enclose additional sheet, if required, in the same format		Enclosure No.
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		

18. Competence in Computer Application:		Enclosure No.
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**DECLARATION - I**

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 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 employment Notice No. -----  
-----Dated ----- on the website of the University.

DATE :- -----

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PLACE :- -----

(Name & Signature of Applicant)

**DECLARATION - II**

I, Dr./Shri/Mrs./Ms. -----  
Son / Daughter / Husband / Wife of Dr. Shri -----  
aged ----- years resident at -----

do hereby declare 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 number of children born after 28<sup>th</sup> March, 2005 is / are -----  
----- (Mention date of Birth, if any.)
3. 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 :- -----

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PLACE :- -----

(Name & Signature of Applicant)

ENDORSEMENT BY THE EMPLOYER

(For in-service candidates only)

To be signed and forwarded by the present employer.

Forwarded to :

**The Registrar (Addl. Charge),  
S.N.D.T. Women's University,  
01, Nathibai Thackersey Road,  
New Marine Lines, Mumbai – 400 020.**

The applicant Dr. / Shri / Mrs. / Ms. -----

who has submitted this application for the post of -----

----- 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 -

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Further, it is certified that no disciplinary/vigilance case has ever been held or contemplated or is pending against the said applicant.

There is no objection for his/her application being considered by the S.N.D.T. Women's University, Mumbai.

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Signature of the forwarding authority

Name : -----

Designation : -----

OFFICE SEAL

Place : -----

Date : -----

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

Proforma - A

Statement showing particulars of applicant for the Statutory officers post of DIRECTOR (Innovation, Incubation and Linkages)

Post Category : Unreserved      No. of Post : 01 (ONE)      Advt. No. 01/2018 Dated 11/01/2018

Name & Correspondence Address of the Applicant with Contact No. & E-mail ID	Date of Birth	Academic Qualifications				Experience (Years /Months/Days)					No. of executed major Research / Consultancy / Industrial Projects	Evidence regarding knowledge in the field of Intellectual Property Rights	Publications
		Degree Awarded	Year of Passing	% / CGPA	Div. / Grade	Teaching	Research	Admin.	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 10/01/2018		----- ----- ----- ----- ----- ----- -----	----- ----- ----- ----- ----- ----- -----	----- ----- ----- ----- ----- ----- -----								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 statutory officers Post of Director (Innovation, Incubation and Linkages) may be cancelled without assigning any reason there for.

Date : -----  
Place : -----

Signature of Applicant : -----  
Name of Applicant : -----