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| SNDTWU LOGO1-4inch-300dpi | **SHREEMATI NATHIBAI DAMODAR THACKERSEY WOMEN’S UNIVERSITY,**  **MUMBAI** |

**NOMINATION Form FOR ELECTION of**

**Teachers**

**Form B**

Election of **Twenty Teachers** from amongst themselves as constituted the under **Section 25(2)(p)** of *Maharashtra Universities Act, 1994*, as amended till 2009 (copy of which is available on the University website [www.sndt.ac.in](http://www.sndt.ac.in)) as members of the **Senate** of the University.

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| Authority or office for which the candidate is nominated | : | **Senate** |
| Electoral body to represent for which the candidate is nominated. | : | **Teachers** |

To,

PHOTO

The Registrar,

SNDT Women’s University,

1, Nathibai Thackersey Road,

Mumbai – 400 020.

Madam,

I hereby submit my nomination form for the above mentioned election, my details are as below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Category (please specify the category under which the candidate desires to contest) | : | 1. General 2. Women 3. Schedule Castes / Schedule Tribes / DTNT / OBC   by Rotation  (Please enclose the attested copy of caste certificate). | |
| 2. | Name of the Candidate (in full) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Surname first) | |
| 3. | Candidate’s Designation | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 4. | Candidate’s Residential Address | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Phone No. | : | Res.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Off. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mob. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_E mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 5. | Office Address | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 6. | Candidate’s Qualifications | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 7. | Degrees with the names of Universities | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 8. | Year and date of obtaining Ph.D. degree | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 9. | Nature of appointment as Teacher as defined in Sec. 2 (34)  Kindly specify (attach relevant appointment order) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 10. | Whether appointment as Teacher is duly approved by the University. (if so please attach copy of approval of University.) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 11. | Date of appointment as Teacher | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 12. | Date of Superannuation | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 13. | Total Experience | : | As Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |  |  |
| 14. | Number of times worked as |  | 1. | As Paper setter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | 2. | As Moderator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | 3. | As Chairperson/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Co-ordinator of C.A.P.  at University Examinations |

I hereby declared, I am neither the Head of University Department / Institution or Principal / Head of Recognized institution.

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| Place : |  |
| Date : | (Candidate’s Signature) |

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| Name of the Proposer (in full)  (Proposer should be an elector) | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Proposer’s designation and Name of the college | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Proposers residential address | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone No. | | : | Res. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Off. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mob. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Place : |  |
| Date : | Proposer’s Signature |

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| Name of the Seconder (in full)  (Seconder should be an elector) | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Seconder’s designation | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Seconder’s residential address | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone No. | | : | Res. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Off. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mob. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Place : |  |
| Date : | Seconder’s Signature |

**Declaration by the Candidate**

I hereby declare my consent to this nomination and I hereby declare the information furnished by me is true and correct to best of by knowledge and belief.

|  |  |
| --- | --- |
| Place : |  |
| Date : | (Candidate’s Signature) |

**Declaration by the Principal / Director /**

**HOD of University Department**

I certify that all the above entries are correct to best of my knowledge and belief.

|  |  |
| --- | --- |
| Place : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date : | (Signature of the Principal of the College / Director of the Institute / HOD of University Departments) |
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**NOTE :-**

* Photo copies of the relevant documents should be attached with the forms.

**Office Remarks:**

**N.B. : Incomplete form will be rejected**

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| ***For the Office use only***  ***The form has been thoroughly checked and found correct.***  Checked by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verified by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & Sign : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name & Sign : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Valid / Invalid*** |

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**Receipt for Nomination Form and Notice of Scrutiny**

(To be handed over to the person presenting the Nomination Form)

Serial No. of Nomination Form ……………………………………….

The Nomination Form of ………………………………… a candidate for election from the teacher’s constituency was delivered to me at my office at ………….(hour) on ……….. (date) by the \*candidate/proposer.

All Nomination Forms will be taken up for scrutiny at ……………(hour) on ………………… (date) at …………………………. (Place)

|  |  |
| --- | --- |
| Place : |  |
| Date : | Name & Signature of the  Person Receiving the Form |