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

**Form for Registration of**

**Heads of the Departments**

**Form A**

To,

PHOTO

The Registrar,

SNDT Women’s University,

1, Nathibai Thackersey Road,

Mumbai – 400 020.

Proforma to be filled in by the Head of the Department in Colleges, as per **Section 37(2)(b)** as amended upto 2009 and Section **115(2)(xii)** of *Maharashtra University Act,1994*(copy of which is available on the University website [www.sndt.ac.in](http://www.sndt.ac.in)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | | Name of the HOD (in full) | | | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Surname) (First Name) (Middle Name) | | | |
| 2. | | Date of Birth | | | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 3. | | Designation | | | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 4. | | Residential Address | | | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | Phone No. | | | : | | Res. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Off. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mob. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 5. | | Office Address | | | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 6. | | Department / Level (E.g. Sociology / UG / PG) | | | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 7. | | Candidate’s Qualification | | | : | |  | | | |
| 8. | | Whether Full Time / Part Time / Visiting | | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 9. | | Whether appointment is approved by the University | | : | | Yes / No  (If yes, enclose a copy of approval letter) | | | |
| 10. | | Teaching Experience | | : | |  | | | |
| Subject(s) Taught | | Level (UG/PG) | | | | | If UG nature of component (DC/AC etc.) | No. of Years of teaching experience. | |
|  | |  | | | | |  |  | |
| 11. | | Experience as Head of Department | | : | |  | | | |
| 12. | | Number of times worked as | | : | | i. As Paper setter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | |  | |  | | ii. As Examiner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | |  | |  | | iii. As Moderator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | |  | |  | | iv. As Chairperson/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Co-Ordinator  at University Examinations | | | |
| 13 | | Year and date of obtaining Ph.D. | | : | |  | | | |

**Declaration by the Candidate**

I hereby declare that the information furnished by me as above is true and correct to best of by knowledge and belief.

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

**Declaration by the Principal of the College**

I certify that the above information has been checked by me and is found to be correct and the said Head of the Department possess the above qualification and teaching experience

|  |  |
| --- | --- |
| Place : |  |
| Date : | (Signature of the Principal of the College) |

**NOTE :-**

* Photo copies of the relevant documents should be attached with the forms.
* Please submit two current photographs with the form.
* As per S. 364 The Vice-Chancellor shall have the authority to correct the rolls, if any omission or wrong entries are brought to his notice at least 30 clear days before the date of election. The Vice-Chancellor’s decision in the matter shall be final.