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

**FORM FOR REGISTRATION OF POST GRADUATE TEACHERS**

**FOR PREPARATION OF ELECTORAL ROLL**

**Form A**

To,

PHOTO

The Registrar,

SNDT Women’s University,

1, Nathibai Thackersey Road,

Mumbai – 400 020.

Information to be submitted by the **Post Graduate Teacher** for purpose of elections to the **Senate** under **Section 25(2)(y)** of *Maharashtra Universities Act, 1994* as amended upto 2009(copy of which is available on the University website [www.sndt.ac.in](http://www.sndt.ac.in)

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| Name of the P.G. Teacher | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Surname) (First Name) (Middle Name) |
| Date of Birth  | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| College / University Department | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Candidate’s Residential Address | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone No.  | : | Res. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Off. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mob. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Office Address | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Qualifications | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Year and date of obtaining Ph.D degree  | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Faculty(i.e. Arts, Commerce, Law etc.) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Nature of appointment as PG teacher (whether Fulltime/ part time / CHB) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Whether appointment as PG Teacher is duly approved by the University. (if so please attach copy of approval of University.) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of appointment as PG Teacher  | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Superannuation  | :  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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Whether the appointment of the above teacher is approved by the University.

If yes, please mention Order No. & Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teaching Experience:**

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| --- | --- |
| **Subject(s) Taught at P.G. Level** | **No. of years teaching experience at P.G. Level** |
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**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 Director / Head of the PG Department /**

**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 Director / Head of the PG Department / Principal of College)  |

**NOTE :-**

* Photo copies of the relevant documents should be attached with the forms.
* Please submit two current photographs with the form.
* As per University Statute No. 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.