



एस.एन.डी.टी. महिला विद्यापीठ, मुंबई - २०.

SNDT WOMEN'S UNIVERSITY

1 N.T. Road, Churchgate, Mumbai – 400 020.

**PROFORMA FOR PREPARATION OF ELECTORAL ROLL
OF HEADS OF DEPARTMENTS FOR ELECTION OF THREE HEADS OF DEPARTMENT TO
THE BOARD OF STUDIES IN CONCERNED SUBJECT OR GROUP OF SUBJECTS
(u/s 40(2)(c) of the M.P.U. Act, 2016)**

To,
The Registrar,
SNDT Women's University,
1, Nathibai Thackersey Road,
Mumbai – 400 020.

**Paste
Recent
Photo
& sign
across**

Sir,

I am submitting herewith the requisite information for the purpose of preparation of Electoral Roll of Heads of Department for election of three Heads of Department to the Board of Studies in concerned subject or group of subject under Section 40(2)(c) of the Maharashtra Public Universities Act, 2016.

-
1. Name of the HOD in full : _____
(Block letters) (Surname) (First Name) (Middle Name)
- Date of Birth : _____
2. Present Residential Address : _____

_____ Pin code _____
- Phone No. : Res.: _____ Off.: _____
Mob. : _____
E mail : _____
3. Name and Address of the : _____
University Department / College
/ Institution _____

4. Department / Level (E.g. : _____
Sociology / UG / PG) (Please
attach a copy of appointment as
Head of Department) _____

5. Qualifications : _____

6. Whether Full Time / Part Time/
 Visiting : _____
7. Whether appointment is
 approved by the University. : _____
 Yes / No
 (If yes, enclose a copy of approval letter)
8. Teaching Experience : _____
 Subject(s) Taught Level (UG/PG) If UG nature of component (DC/AC etc.) No. of years of teaching experience
9. Experience as Head of : _____
 Department
10. Total experience of work : i.. As Paper setter _____
 related to University ii. As Examiner _____
 Examinations iii. As Moderator _____
 iv. As Chairperson/
 Co-Ordinator _____
 at University Examinations
11. Year and date of : _____
 obtaining Ph.D. and
 University

Declaration by the Candidate

I hereby declare that, the information furnished by me as above is true and correct to the 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 as the above qualifications and teaching experience / experience related to University Examination work.

Place : _____
 Date : _____


 _____ (Signature of the Principal of the College)

NOTE : -

- Photocopies of the relevant documents duly attested should be attached with the form.
- Please submit two current photographs with the form. (Kindly write your name behind the photographs)