

SNDT Women's University

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श्रीमती ना. दा. ठाकरसी महिला विद्यापीठ

१, नाथीबाई ठाकरसी मार्ग

मुंबई ४०० ०२०

Telegram: UNIWOMEN

Website: sndt.ac.in

NOMINATION FORM FOR ELECTION OF THREE HEADS OF DEPARTMENTS **(U/S 40(2)(c) of the M.P.U. Act, 2016)**

Election of **three Heads of Departments**, from affiliated colleges and recognized institutions to the Boards of Studies in the concerned subjects or group of subjects under Section 40(2)(c) of the Maharashtra Public Universities Act, 2016.

1. Authority or office for which the : **BOARD OF STUDIES IN**
candidate is nominated

(Name of subject)

2. Faculty to be representing : **Collegium of Heads of Department in**

(Name of subject)
(as defined under Section 2(18) of
the Act.)

To,
The Registrar,
S.N.D.T. Women's University,
Mumbai - 400 020

Sir,

**Paste
Recent
Photo
& sign
across**

I hereby submit my Nomination Form for the above mentioned election. My details are as below:

1. Name of the Candidate (in full) : _____
(Surname) (First Name) (Middle Name)
2. Date of Birth : _____
3. Candidate's Designation : _____
4. Candidate's Residential Address : _____

5. Name of the College or Recognized Institution : _____

6. Phone No. : Res.: _____ Offi .: _____
Mob.: _____
E mail.: _____

7. Candidate's Qualifications : _____

8. Degrees with the names of Universities : _____

9. Year and date of obtaining Ph.D. Degree : _____
10. Nature of appointment as teacher (e.g. permanent, temporary, adhoc) : _____
11. Whether the appointment as a teacher is duly approved by the University. If so please attach the copy thereof. : _____
12. Date of appointment as a teacher : _____
13. Date of superannuation : _____
14. Total experience : _____

15. Date of recognition as Ph.D. Guide : _____

16. University Examination related work experience

Sr. No.	Capacity	Examination	Date and month of the examination	Number of days examination work carried out	Certificate issued by
1.					
2.					
3.					
4.					

5.					
6.					
7.					
8.					
9.					

Consent and declaration of the Candidate

I hereby consent to my nomination as proposed and seconded by the proposer and the seconder respectively. I further state that, the information furnished by me as above is true and correct to the best of my knowledge and belief.

Place: _____

Date: _____

Name and signature of the candidate

Declaration of the proposer

Name of the Proposer (in full) : _____
(Proposer should be an elector)

Proposer's designation and name of the college : _____

Proposer's residential address : _____

Proposer's Voter Number as per Final Electoral Roll : _____

Phone No. : Res.: _____ Off .: _____

Mob.: _____

E mail.: _____

I hereby propose the name of the above candidate and declare that, the information as furnished by me is true and correct to the best of my knowledge.

Place: _____

Date: _____

Proposer's Signature

Declaration of the Seconder

Name of the Seconder (in full) : _____
(Seconder should be an elector)

Seconder's designation : _____

Seconder's residential address : _____

Seconder's voter number as per : _____
Final Electoral Roll

Phone No. : Res.: _____ Off .: _____

Mob.: _____

E mail.: _____

I hereby second the nomination of the above candidate and declare that, the information furnished by me is true and correct to the best of my knowledge.

Place:

Date:

Seconder's Signature

NOTE:-

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

N.B. : INCOMPLETE FORM WILL BE REJECTED

Receipt for Nomination Form

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

The Nomination Form of
a candidate for election to the from the Collegium
of was delivered to me at my office
at (hour) on (Date) by the
*candidate in person / through Mr. / Mrs. _____ as
authorized by him.

The following documents were received along with the nomination form.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Place:

Date:

Time:

Name & Signature of the
Person Receiving the Nomination Form

*Score out the words not applicable.