

**PROFORMA 'A'**



एस.एन.डी.टी. महिला विद्यापीठ, मुंबई – 20.

**SNDT WOMEN'S UNIVERSITY**

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

**PROFORMA FOR UNIVERSITY TEACHERS FOR FILLING THE CASUAL VACANCIES OF MEMBERS THAT HAVE OCCURED BEFORE THE EXPIRY OF NORMAL TERM ON THE BOARDS OF STUDIES IN CONCERNED SUBJECT OR GROUP OF SUBJECTS, BY THE STANDING COMMITTEE (u/s 40(2)(b)(i) and 70(1) of the M.P.U. Act, 2016)**

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

Sir,

I am submitting herewith the requisite information for filling the casual vacancies of members that have occurred on the Board of Studies in \_\_\_\_\_ before the expiry of their normal term under Section 40(2)(b)(i) of the Maharashtra Public Universities Act, 2016.

1. Name of the University teacher in : \_\_\_\_\_  
full (Block letters) (Surname) (First Name) (Middle Name)
2. Subject / Group of Subjects : \_\_\_\_\_
3. Present Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin code \_\_\_\_\_
- Phone No. : Res.: \_\_\_\_\_ Off.: \_\_\_\_\_  
Mob. : \_\_\_\_\_  
E mail : \_\_\_\_\_
4. Name and address of the : \_\_\_\_\_  
University Department \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Department / Level (Eg. Sociology / UG / PG) (Please attach a copy of appointment letter) : \_\_\_\_\_  
 \_\_\_\_\_
6. Educational Qualifications : \_\_\_\_\_  
 \_\_\_\_\_
7. Whether Full Time / Part Time/ Visiting : \_\_\_\_\_
8. Date of confirmation in the service : \_\_\_\_\_  
 (enclose a copy of letter)
9. Teaching Experience : \_\_\_\_\_
- | Level (UG/PG) | If UG nature of component (DC/AC etc.) | No. Of years of teaching experience |
|---------------|--|-------------------------------------|
|               |  |                                     |
10. Total experience of work related to University Examinations : i.. As Paper setter \_\_\_\_\_  
 ii. As Examiner \_\_\_\_\_  
 iii. As Moderator \_\_\_\_\_  
 iv. As Chairperson/ Co-Ordinator \_\_\_\_\_  
 at University Examinations
11. Year and date of obtaining Ph.D. and the University : \_\_\_\_\_

**Declaration by the University Teacher**

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

Place : \_\_\_\_\_  
 Date : \_\_\_\_\_ (Signature)

**Declaration by the Head of University Department**

I certify that the above information has been checked by me and is found to be correct and the said University Teacher possesses the above qualifications and teaching experience / the experience related to University Examination work.

Place : \_\_\_\_\_

Date : \_\_\_\_\_



\_\_\_\_\_  
 (Name and signature of the Head of University Department)

**NOTE : -**

- Photocopies of the relevant documents duly attested should be attached with the proforma.