

## **PROFORMA 'G'**



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

### **SNDT WOMEN'S UNIVERSITY**

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

**PROFORMA FOR PERSONS HAVING AT LEAST TEN YEARS WORKING OR OWNERSHIP OR ADVISORY OR CONSULTANCY EXPERIENCE IN THE FIELD RELEVANT TO THE SUBJECT FOR FILLING THE CASUAL VACANCIES OF MEMBERS THAT HAVE OCCURED BEFORE THE EXPIRY OF NORMAL TERM ON THE BOARD OF STUDIES IN CONCERNED SUBJECT OR GROUP OF SUBJECTS, BY THE STANDING COMMITTEE (u/s 40(2)(d)(iii)(D) 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)(d)(iii)(D) of the Maharashtra Public Universities Act, 2016.

1. Name of the person in full : \_\_\_\_\_  
(Block letters) (Surname) (First Name) (Middle Name)
2. Subject / Field related to he : \_\_\_\_\_  
Subject
3. Present Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin code \_\_\_\_\_
- Phone No. : Res.: \_\_\_\_\_ Off.: \_\_\_\_\_  
Mob. : \_\_\_\_\_  
E mail : \_\_\_\_\_
4. Name and address of the : \_\_\_\_\_  
organisation / industry / firm  
\_\_\_\_\_  
\_\_\_\_\_

5. Educational Qualifications : \_\_\_\_\_  
 \_\_\_\_\_
6. Teaching Experience if any : \_\_\_\_\_  
 Level (UG/PG) If UG nature of component No. of years of teaching  
 (DC/AC etc.) experience
7. Working / Ownership / : \_\_\_\_\_  
 Advisory / Consultancy  
 experience \_\_\_\_\_
8. Total experience of work : i.. As Paper setter \_\_\_\_\_  
 related to University ii. As Examiner \_\_\_\_\_  
 Examinations, if any iii. As Moderator \_\_\_\_\_  
 iv. As Chairperson/ \_\_\_\_\_  
 Co-Ordinator \_\_\_\_\_  
 at University Examinations
9. Year and date of : \_\_\_\_\_  
 obtaining Ph.D. and the  
 University if so

**Declaration by the person**

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 concerned Chairperson, Board of Studies**

I certify that the above information has been checked by me and is found to be correct and the said Person possesses the above qualifications and working / ownership / advisory / consultancy experience in the field relevant to the subject.

Place : \_\_\_\_\_ Seal \_\_\_\_\_  
 Date : \_\_\_\_\_ (Name and signature of the concerned  
 Chairperson, Board of Studies)

**NOTE : -**

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