

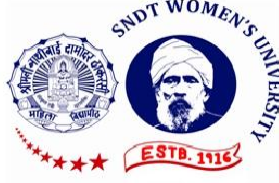
SNDT Women's University

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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 SIX REPRESENTATIVES OF MANAGEMENT OF AFFILIATED COLLEGES OR INSTITUTIONS TO THE SENATE (U/S 28(2)(p) OF M.P.U. Act, 2016)

Election of **Six Representatives of Management** to the Senate, to be elected from among the collegium of management representatives of the affiliated colleges or institutions out of whom one shall be from Scheduled Castes or Scheduled Tribes or Denotified Tribes (Vimukta Jatis) or Nomadic Tribes or Other Backward Classes category, by rotation, and one shall be woman, as per Section 28(2)(p) of the Maharashtra Public Universities Act, 2016:

Provided that, such representatives of management to be elected shall be the representatives of management of colleges which are accredited by National Assessment and Accreditation Council or National Board of Accreditation, as the case may be:

Provided further that, where a management conducts one or more Colleges or institutions, only one representative of such management shall be eligible for being included in collegium of Management Representatives.

1. Authority or office for which the : **SENATE**
candidate is nominated
2. Electoral body to represent for which : **Collegium of Management**
the candidate is nominated. **Representatives (as defined under**
Section 2(16) 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. Category (please specify the category under which the candidate desires to contest) :
1) Open
2) Scheduled Castes (SC)
3) Women
2. Name of the Candidate (in full) : _____
(Surname) (First Name) (Middle Name)
3. Date of Birth : _____
4. Candidate's Designation : _____

5. Name of the Management of affiliated college and address _____

6. Candidate's Residential Address : _____

7. Name of the affiliated college or institution and address : _____

8. Phone No. : Res.: _____ Offi .: _____
 Mob.: _____
 E mail.: _____
9. Candidate's Qualifications : _____

10. Degrees with the names of Universities : _____

11. Certificate of Accreditation of College issued by NAAC / NBA and its number and period of validity : _____

Consent and declaration of the Candidate

I hereby consent to my nomination as proposed and seconded by the proposer and the seconder. 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 by the Proposer

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

Proposer's designation : _____

Proposer's residential address : _____

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

Phone No. : Res.: _____ Off .: _____
Mob.: _____
E mail.: _____

I hereby propose the nomination of the above candidate.

Place: _____
Date: _____ Proposer's Signature

Declaration by 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.

Place: _____
Date: _____ Seconder's Signature

NOTE:-

- **Photo copies of the relevant documents should be attached with the forms.**
- Office Remarks:**
N.B. : INCOMPLETE FORM WILL BE REJECTED
-

Receipt for Nomination Form and Notice of Scrutiny

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

Serial No. of Nomination Form

The Nomination Form of a candidate for election from the Representatives of Management constituency 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 alongwith the nomination form.

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

Place:
Date:

Name & Signature of the
Person Receiving the Form

*Score out the words not applicable.