

# SNDT Women's University

1, Nathibai Thackersey Road,

Mumbai 400 020

Phone: +91 22 2203 1879

Fax: +91 22 2201 8226



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 UNIVERSITY TEACHERS TO THE SENATE (U/S 28(2)(s) OF M.P.U. Act, 2016)**

Election of **Three Teachers**, to the Senate by the collegium of University teachers from amongst themselves, of whom one shall be a person belonging to the Scheduled Castes or Scheduled Tribes or De-notified Tribes (Vimukta Jatis) or Nomadic Tribes or Other Backward Classes, by rotation, and one shall be a woman, under Section 28(2)(s) of the Maharashtra Public Universities Act, 2016.

1. Authority or office for which the : **SENATE**  
candidate is nominated
2. Electoral body to represent for which : **Collegium of University Teachers (as  
the candidate is nominated. defined under Section 2(19) 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 : 1) Open  
category under which the : 2) Scheduled Castes (SC)  
candidate desires to contest) : 3) Women
2. Name of the Candidate (in : \_\_\_\_\_  
full) : (Surname) (First Name) (Middle Name)
3. Date of Birth : \_\_\_\_\_
4. Candidate's Designation : \_\_\_\_\_
5. Candidate's Residential : \_\_\_\_\_  
Address : \_\_\_\_\_  
: \_\_\_\_\_
6. Name of the Conducted : \_\_\_\_\_  
College / University : \_\_\_\_\_  
Department / University : \_\_\_\_\_  
Institution and address : \_\_\_\_\_

7. Phone No. : Res.: \_\_\_\_\_ Offi .: \_\_\_\_\_  
 Mob.: \_\_\_\_\_  
 E mail.: \_\_\_\_\_
8. Candidate's Qualifications : \_\_\_\_\_  
 \_\_\_\_\_
9. Degrees with the names of Universities : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Year and date of obtaining Ph.D. Degree : \_\_\_\_\_
11. Nature of appointment as teacher (e.g. permanent, temporary, adhoc) : \_\_\_\_\_
12. Date of appointment as University teacher : \_\_\_\_\_
13. Date of superannuation : \_\_\_\_\_
14. Total teaching experience : \_\_\_\_\_  
 \_\_\_\_\_

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.					
10.					

**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 acknowledge and belief.

Place: \_\_\_\_\_  
Date: \_\_\_\_\_ Name and signature of the candidate

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**Declaration of 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

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**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

Place: \_\_\_\_\_  
Date: \_\_\_\_\_ Seconder's Signature

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**NOTE:-**

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

**Office Remarks:**

**N.B. : INCOMPLETE FORM WILL BE REJECTED**

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**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 Three University Teachers 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

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\*Score out the words not applicable.