

Application to Contest the Elections of two Representatives of Management by the Senate to the Management Council from amongst Representatives of Management who are the Members of the Senate, as required u/s 30(4)(h) of the Maharashtra Public Universities Act,2016.

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

Madam,
I hereby submit my Application 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) Scheduled Tribes (ST) 4) Denotified Tribes (Vimukta Jatis) / Nomadic Tribes (NT / DT) 5) Other Backward Classes (OBC) 6) Women
2.	Name of the Candidate (in full)	:	_____ (Surname) (First Name) (Middle Name)
3.	Date of Birth	:	_____
4.	Elected/Nominated as a member of the Senate under Section _____ of the Maharashtra Public Universities Act, 2016.		
5.	Candidate's present Residential Address	:	_____ _____ _____
6.	Candidate's present Designation at the Management/ Sanstha	:	_____
7.	Name of the Management/ Sanstha and address	:	_____ _____ _____
8.	Contact Nos.	:	Res.: _____ Office .: _____ Mobile.: _____ E mail.: _____

Declaration of the Candidate

I hereby request to consider my application for contesting the Elections of two Representatives of Management by the Senate to the Management Council from amongst Principals who are the Members of the Senate, as required u/s 30(4)(h) of the Maharashtra Public Universities Act,2016.

I further also state that I do fulfil the required qualification to contest the above elections as published in the Gazette of Government of Maharashtra No. Maharashtra Shashan Rajpatra Bhag Char- B, April 29, 2017/ Vaishakh 9, shake 1939.

I declare 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 Management of the Concerned College for which the above Candidate is a Representative.

We hereby state that our following management_____

_____ (Name of the Sanstha/Management) as

of today has not second any other consecutive institutional representation.

Place:

Date:

Seal of the
Management
/Sanstha

Name and signature of the candidate/
Representative of the management
contesting the above elections

Name and Signature of the
Chairman/Secretary
