

# 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 TWO PRINCIPALS TO BE ELECTED BY THE SENATE TO THE MANAGEMENT COUNCIL (U/S 30(4)(f) OF M.P.U. Act, 2016)**

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

Paste  
Recent  
Photo  
& sign  
across

Sir,

I hereby submit my Nomination Form for the above mentioned election, my details are as below:

1. Category under which the candidate contested the election to the Senate : \_\_\_\_\_
2. Category under which the candidate contesting the election to the Management Council (Put ✓ mark in the box) :  
1) Open   
2) Scheduled Castes (SC)
3. Name of the Candidate (in full) : \_\_\_\_\_  
(Surname) (First Name) (Middle Name)
4. Date of Birth : \_\_\_\_\_
5. Candidate's Designation : \_\_\_\_\_
6. Candidate's Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Name of the College and address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Phone No. : Res.: \_\_\_\_\_ Offi .: \_\_\_\_\_  
Mob.: \_\_\_\_\_  
E mail.: \_\_\_\_\_

9. Candidate's Qualifications : \_\_\_\_\_  
 \_\_\_\_\_
10. Degrees with the names of Universities : \_\_\_\_\_  
 \_\_\_\_\_
11. Year and date of obtaining Ph.D. Degree in case of appointment after 13/10/2000 : \_\_\_\_\_
12. Nature of appointment as Principal (e.g. permanent, temporary, officiating) : \_\_\_\_\_
13. Whether the appointment of Principal is duly approved by the University. If so please attach the copy thereof. : \_\_\_\_\_
14. Date of appointment as Principal : \_\_\_\_\_
15. Date of superannuation : \_\_\_\_\_
16. Total experience : i. As Principal \_\_\_\_\_  
 ii. As Teacher \_\_\_\_\_
17. Certificate of Accreditation of College issued by NAAC / NBA and its number and period of validity : \_\_\_\_\_  
 \_\_\_\_\_
18. 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 knowledge 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 and name of : \_\_\_\_\_  
the college

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**

**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 ..... to be elected by the Senate to the Management Council 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 along with 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.