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

S.N.	Registrar, D.T. Women's University, Ibai – 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)	:	<ol> <li>Open</li> <li>Scheduled Tribes (ST)</li> </ol>									
3.	Name of the Candidate (in full)	:	(Surname) (First Name)	(Middle Name)								
4.	Date of Birth	:										
5.	Candidates Voter Number (As per Final Electoral Roll)	:										
6.	Phone No.	:	Res.: Offi .:									
			Mob.:									
			E mail.:									
7.	Name of Bachelor's Degree awarded by the SNDT Women's University (Please attach Degree Certificate and Marksheet)	:										
8.	Month and year of award of the above Degree	:										
9.	Whether Caste Certificate attached	:										
	Whether Caste Validity Certificate attached	:										

#### **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 Res.: \_\_\_\_\_ Off .:\_\_\_\_ Phone No. Mob.:\_\_\_\_\_ E mail.: I hereby propose the nomination of the above candidate. Place: Proposer's Signature Date: **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 Res.: \_\_\_\_\_ Off .:\_\_\_\_\_ Phone No. Mob.:\_\_\_\_\_ I hereby second the nomination of the above candidate. Place: Seconder's Signature Date:

#### **NOTE:-**

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

#### **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 N	o. of Nor	mination	Form						
			fs delivered t						
(Date)	by	the	*candidate	in	person	/	through	•	
The follo	owing do	cuments	were receiv	ed along	with the n	ominati	on form.		
1									
2									 
3									 
4									 
5									 
6									 
7									 
8									
9									 
10									 
Place: Date:									
							me & Signa on Receivir		-

<sup>\*</sup>Score out the words not applicable.