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 TEN PRINCIPALS TO THE SENATE (U/S 28(2)(o) OF M.P.U. Act, 2016)

Election of **Ten Principals** of affiliated, conducted, autonomous colleges which are accredited by National Assessment and Accreditation Council (NAAC) or National Board of Accreditation, (NBA), as the case may be, to the Senate by the collegium of principals from amongst themselves; of whom one each shall be a person belonging to Scheduled Castes, Scheduled Tribes, Denotified Tribes (Vimukta Jatis) / Nomadic Tribes, Other Backward Classes, and one shall be a woman, under Section 28(2)(o) of the Maharashtra Public Universities Act, 2016.

- 1. Authority or office for which the : SENATE candidate is nominated
- the candidate is nominated.

2. Electoral body to represent for which : Collegium of Principals (as defined under Section 2(17) of the Act.)

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 (please specify the category under which the candidate desires to contest)	:	 2) Schedule 3) Schedule 4) Denotifie Tribes (N 	ed Castes (SC) ed Tribes (ST) ed Tribes (Vimukta Ja IT / DT) ckward Classes (OB)	
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 College and address	:	
7.	Phone No.	:	Res.: Offi .: Mob.:
8.	Candidate's Qualifications	:	
9.	Degrees with the names of Universities	:	
10.	Year and date of obtaining Ph.D. Degree in case of appointment after 13/10/2000	:	
11.	Nature of appointment as Principal (e.g. permanent, temporary, officiating)	:	
12.	Whether the appointment of Principal is duly approved by the University. If so please attach the copy thereof.	:	
13.	Date of appointment as Principal	:	
14.	Date of superannuation	:	
15.	Total experience	:	i. As Principal ii. As Teacher
16.	Certificate of Accreditation of College issued by NAAC / NBA and its number and period of validity	:	

17. University Examination related work experience

Sr.	Capacity	Examination	Date and month	Number of days	Certificate
No.			of the examination	examination work carried out	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

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	e al	bove candidate.						

Place: Date:

Proposer's Signature

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	e ab	ove 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 N	lomir	nation	Form	of				а	candidate	for	election	from	the
princip	als'	constit	uency v	was deliver	ed to	me a	at my office a	at.	(houi	r) on		.
(Date)		by	the	*candida	te	in	person	/	' throug	h	Mr.	/	Mrs.
							as autho	ize	ed by him.				

The following documents were received along with the nomination form.

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Place:		
Date:		
		Name & Signature of the
		Person Receiving the Form

*Score out the words not applicable.