

# SNDT Women's University

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श्रीमती ना. दा. ठाकरसी महिला विद्यापीठ

१, नाथीबाई ठाकरसी मार्ग

मुंबई ४०० ०२०

Telegram: UNIWOMEN

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## **NOMINATION FORM FOR ELECTION OF OF TEN REGISTERED GRADUATES TO THE SENATE (U/S 28(2)(t) OF M.P.U. Act, 2016)**

Election ten **Registered Graduates**, having graduated at least five years prior to the date of nomination, to the Senate from amongst the collegium of registered graduates, of whom one each shall be a person belonging to Scheduled Castes, Scheduled Tribes, De-notified Tribes (Vimukta Jatis) or Nomadic Tribes, Other Backward Classes, and one shall be a woman:

Provided that, the registered graduates shall not include the graduates falling in or covered by the category of teachers (regular or on contract basis, irrespective of their teaching experience), principals, heads of the departments, management or any other categories mentioned in this sib-section;

1. Authority or office for which the : **SENATE**  
candidate is nominated
2. Electoral body to represent for which : **Collegium of Registered Graduates**  
the candidate is nominated. **(as defined under Section 2(15) 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 category under which the candidate desires to contest by placing ✓ mark in the box) :
  - 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. Candidates Voter Number (As per Final Electoral Roll) : \_\_\_\_\_
5. Phone No. : Res.: \_\_\_\_\_ Offi .: \_\_\_\_\_  
 Mob.: \_\_\_\_\_  
 E mail.: \_\_\_\_\_
6. Name of Bachelor's Degree awarded by the SNTD Women's University (Please attach Degree Certificate and Marksheet) : \_\_\_\_\_  
 \_\_\_\_\_
7. Month and year of award of the above Degree : \_\_\_\_\_
8. Whether Caste Certificate attached : \_\_\_\_\_
9. 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

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**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 : \_\_\_\_\_

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 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 : \_\_\_\_\_  
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.**

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

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