



एस.एन.डी.टी. महिला विद्यापीठ, मुंबई - २०.

## SNDT WOMEN'S UNIVERSITY

1 N.T. Road, Churchgate, Mumbai - 400 020.

### FORM FOR REGISTRATION OF TEACHERS FOR PREPARATION OF ELECTORAL ROLL

To,  
The Registrar,  
SNDT Women's University,  
1, Nathibai Thackersey Road,  
Mumbai - 400 020.

Paste  
Recent  
Photo  
& sign  
across

Sir/Madam,

I am submitting herewith the requisite information for the purpose of preparation of Electoral Roll of Teachers for the election of ten Teachers to the Senate under Section 28(2)(r) of the Maharashtra Public Universities Act, 2016.

1. Name of the Teacher in full : \_\_\_\_\_  
(Block letters) (Surname) (First Name) (Middle Name)
2. Date of Birth : \_\_\_\_\_  
(dd/mm/yyyy)
3. Gender : \_\_\_\_\_
4. Nationality : \_\_\_\_\_
5. Religion : \_\_\_\_\_
6. Caste : \_\_\_\_\_
7. Category(SC/ST/DT/NT/OBC/OPEN) : \_\_\_\_\_
8. Present Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin code \_\_\_\_\_
9. Contact Details : Res.: \_\_\_\_\_ Off.: \_\_\_\_\_  
Mob. : \_\_\_\_\_  
E mail : \_\_\_\_\_
10. Name and Address of the College : \_\_\_\_\_  
/ Institute \_\_\_\_\_
11. Full Time teaching experience in : \_\_\_\_\_  
years

Signature of the Teacher:

12. Year and date of obtaining Ph. D. : \_\_\_\_\_  
degree
13. Nature of appointment as : \_\_\_\_\_  
Teacher as defined in Section  
2(61) Kindly specify (attached  
relevant appointment order)
14. Whether appointment as Teacher : \_\_\_\_\_  
is duly approved by the  
University. (If so please attach  
copy of approval of University.)
15. Subjects taught / teaching at : \_\_\_\_\_  
Bachelor's / Master's Degree  
level
16. Date of appointment : \_\_\_\_\_
17. Date of Superannuation : \_\_\_\_\_
18. Total years of experience related : \_\_\_\_\_  
to University examination work

### **Declaration**

I hereby declare that, the information furnished by me as above is true and correct to the best of my knowledge and belief.

Place :

Date :

\_\_\_\_\_  
(Teacher's Signature)

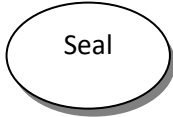
#### **NOTE : -**

- Photocopies of the relevant documents duly attested should be attached with the forms.

Signature of the Teacher:

**Declaration by the Principal of the Affiliated College / Autonomous College / Director of the Recognised Institutions**

I certify that all the above information is correct. I also certify that \_\_\_\_\_ (name of the teacher) is working in the college/ Recognized Institute satisfies the requirement of the term of teacher as defined under Section 2(61).



\_\_\_\_\_  
(Signature of the Principal of the Affiliated College / Autonomous College / Director of the Recognised Institutions)

Place : \_\_\_\_\_  
Date : \_\_\_\_\_

Signature of the Teacher: