



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

**SNDT WOMEN'S UNIVERSITY**

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

**FORM FOR REGISTRATION OF THREE UNIVERSITY 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 for election of three University teachers to the Senate under Sections 28(2)(s) 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. Phone No. : Res.: \_\_\_\_\_ Off.: \_\_\_\_\_  
Mob. : \_\_\_\_\_  
E mail : \_\_\_\_\_
  10. Name and Address of the : \_\_\_\_\_  
University Department /  
Institution \_\_\_\_\_
  11. Nature of appointment as a full : \_\_\_\_\_  
time University Teacher, as per  
section 2(68) of M.P.U Act, 2016  
(attached relevant appointment  
order)

Signature of the Applicant:

12. Subjects taught / teaching and at : \_\_\_\_\_  
Bachelor's / Master's Degree \_\_\_\_\_  
level \_\_\_\_\_
13. Date of appointment : \_\_\_\_\_  
(dd/mm/yyyy)
14. Date of Superannuation : \_\_\_\_\_  
(dd/mm/yyyy)

### **Declaration**

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

Place :

Date :

\_\_\_\_\_  
(Applicant's Signature)

#### **NOTE : -**

- Photo copies of the relevant documents duly attested should be attached with this form.

Signature of the Applicant:

**Declaration by the Head of University Department / University  
Institutions/ Principals of Conducted Colleges**

This is to certify that, Mr./Mrs./Ms./Dr. \_\_\_\_\_ is working at \_\_\_\_\_ (mention name of University Department / University Institution / Conducted College) and satisfies the requirement of the term of teacher as defined under Section 2(68) of the Maharashtra Public Universities Act, 2016.

\_\_\_\_\_  
(Signature and stamp of the Head of University Department / University Institution / Conducted College)

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

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

Signature of the Applicant: