

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 TWO TEACHERS REPRESENTING EACH FACULTY TO THE ACADEMIC COUNCIL (U/S 32(3)(g) of the M.P.U. Act, 2016)

1. Authority or office for which the : **ACADEMIC COUNCIL**
candidate is nominated
2. Faculty and number of seats alongwith reservation:

Sr. No.	Name of the Faculty	Distribution of seats	
		No. of Seats	Reservation/ Categories
I.	Faculty of Science & Technology	2	1 (Open) 1 (Other Backward Classes)
II.	Faculty of Commerce & Management	2	1 (Open) 1 (Scheduled Tribes)
III.	Faculty of Humanities	2	1 (Open) 1 (Scheduled Caste (Woman))
IV.	Faculty of Inter Disciplinary Studies	2	1 (Open) 1 (Denotified Tribes/ Nomadic Tribes)

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. Faculty to be represented (Please \checkmark mark appropriate Faculty) :
 - 1 Faculty of Science & Technology
 - 2 Faculty of Commerce and Management
 - 3 Faculty of Humanities
 - 4 Faculty of Inter-disciplinary Studies
2. Category (please specify the category under which the candidate desires to contest) :
 - 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
3. Name of the Candidate (in full) : _____
(Surname) (First Name) (Middle Name)

4. Date of Birth : _____
5. Candidate's Designation : _____
6. Candidate's Residential Address : _____

7. Name of the College or Recognized Institution : _____

8. Contact Details : Res.: _____ Offi .: _____
Mob.: _____
E mail.: _____
9. Candidate's Qualifications : _____

10. Degrees with the names of Universities : _____

11. Year and date of obtaining Ph.D. Degree : _____
12. Nature of appointment as teacher (e.g. permanent, temporary, adhoc) : _____
13. Whether the appointment as a teacher is duly approved by the University. If so please attach the copy thereof. : _____
14. Date of appointment as a teacher : _____
15. Date of superannuation : _____
16. Total teaching experience : _____

17. Date of recognition as Ph.D. Guide (Please attach a copy of letter of recognition) : _____

18. Number of Ph.D. students : _____
under guidance at present

19. Number of students who : _____
have been awarded Ph.D.
Degree under your guidance _____

20.	Name and details of students who have been awarded Ph.D. Degree under your guidance					
	Sr. No.	Name of Student	Topic of Ph.D. Research	Name of the University where Ph.D. research undertaken	Date of award of Ph.D. Degree	
	1.					
	2.					
	3.					
	4.					
	5.					
21.	Details of text-books / reference books authored / co-authored and published					
	Sr. No.	Title of the text-books/ reference book	Published as author or co-author	Name and address of Publisher	Date of publication	ISBN Number
	1.					
	2.					
3.						

22.	Details of research papers published in peer reviewed journals as first / corresponding author					
	Sr. No.	Title of the research paper	Whether as first / corresponding author	Name of peer reviewed journal, publisher and whether UGC listed, If yes please write number	Date of publication and Volume Number	ISSN Number and Impact Factor
	1.					
	2.					
	3.					
	4.					
	5.					
23.	University Examination related work experience					
	Sr. No.	Capacity	Examination	Date and month of the examination	Number of days examination work carried out	Certificate 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 respectively. 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

Contact Details : Res.: _____ Off .: _____
 Mob.: _____
 E mail.: _____

I hereby propose the nomination of the aforesaid Candidate and declare that, the information furnished by me is true and correct to the best of my knowledge and belief.

Place:

Date:

 Proposer's Signature

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 and declare that, the information furnished by me is true and correct to the belief of my knowledge.

Place:

Date:

Seconder's Signature

NOTE:-

- **Photo copies of the relevant documents should be attached with the Form.**

N.B. : INCOMPLETE FORM WILL BE REJECTED

NOTE:

Uniform Statute No.1 of 2017, under Section 10(3)

Nomination papers shall be dated and signed by two electors entitled to vote, and shall contain dates, names in full, addresses and designations, if any, and voter numbers of signatories and of the candidate nominated. No person shall be nominated as a candidate for election unless he signifies his consent under his signature and date on the nomination paper. No person shall either propose or second his own nomination:

Provided that, in case there are less than three voters, the candidate himself may propose and second his own nomination.

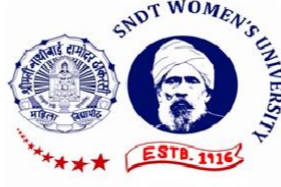
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Receipt for Nomination Form

(To be handed over to the person presenting the Nomination Form)

The Nomination Form of
a candidate for election to the from the Collegium
of was delivered to me at my office
at (hour) on (Date) by the
*candidate in person / through Mr. / Mrs. _____ as
authorized by him.

The following documents were received along with the nomination form.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Place:

Date:

Time:

Name & Signature of the
Person Receiving the Nomination Form

*Score out the words not applicable.