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श्रीमती ना. दा. ठाकरसी विद्यापीठ
१, नाथीबाई ठाकरसी मार्ग
मुंबई ४०० ०२०
Telegram: UNIWOMEN
Website: sndt.ac.in

Estate Section/2026-27/177

Date: 31.08.2026

CORRIGENDUM

Subject: Repairs and Extension of Canal Road Side Compound Wall from Karve Kutir to Parking Area at S.N.D.T. Women's University, Pune Campus.

With reference to the cited Subjected work it is hereby informed that, All vendors, contractors, consultants, service providers, suppliers, and agencies dealing with SNDT Women's University are hereby informed that they must submit an annual related party declaration for the financial year 2026-27.

The declaration provided below must be submitted on the firm's letterhead (or in the prescribed format) and must bear the signature and seal of the proprietor, partner, or authorized signatory.

31/08/2026

(Er. Ashish P. Kamble)
University Engineer

(Offer should filled on letter head)

Annexure B

Annual Related Party Declaration Form

SNDT WOMEN'S UNIVERSITY

ANNUAL RELATED PARTY DECLARATION for financial Year 2026-27

1. Name: _____

2. Designation/Position: _____

3. Department/Authority/Committee:

4. I hereby declare the following interests:

A. Proprietorships/Firms/Partnerships/LLPs in which I or my close relatives have an interest:

B. Companies in which I or my close relatives are Directors, Shareholders or Key Personnel:

C. Trusts, Societies, NGOs or Educational Institutions with which I or my close relatives are associated:

D. Vendors, Contractors, Consultants or Service Providers having business dealings with SNDT Women's University and in which I or my close relatives have any interest:

E. Any other interest that may give rise to an actual or perceived conflict of interest:

5. Declaration

I certify that:

a) The information furnished above is true and complete to the best of my knowledge.

b) I shall promptly inform the University of any change in the above information during the financial year.

c) I shall disclose any conflict of interest arising in any matter placed before a University authority, committee or decision-making body and shall recuse myself where required.

Date: _____

Signature: _____

Name: _____

Designation: _____