

SHREEMATI NATHIBAI DAMODAR THACKERSEY WOMEN'S UNIVERSITY,

1, Nathibai Thackersey Road, Mumbai - 400 020.

Application No. :-_

(To be filled in by the University Office)

ADVERTISEMENT NO. 01 / 2019 DATED 07/03/2019

To, The Registrar, S.N.D.T. Women's University, Mumbai – 400 020 Affix latest passport size photograph with self attested.

Sub :- Application for the post of Director, Innovation, Incubation & Linkages

Respected Sir,

I hereby submit my application for the post of Director, Innovation, Incubation & Linkages

Details of Demand Draft : DD. No. _____ Date : ___/ ___/____

Amount Rs. _____ Name of Bank : _____

1. Name in full (In Capital Letters)

Mr./Mrs./Mis	ss		
	(Surname)	(First Name)	(Father's / Husband's Name)
In Devnagri			
2. Postal Addre	ss in full (IN BLC	OCK LETTERS) :	
		PI	N CODE NO
3. Telephone N	o. (if any) :		
(Office) :		(Resi.) :	
Mobile No.: _		_ Email Id:	

4. Personal Details :

Age	Male / Female	Date of Birth	Married / Single	Number & age of Children, if any	Nationality

5. Whether Handicapped : Yes/No Whether Sportsman : Yes/No

6. Category : (Tick (\checkmark) in the appropriate box)

SC	ST	VJ(A)	NT(B)	NT(C)	NT(D)	OBC	SBC	UNRESERVED
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Caste :_____

Sub Caste : _____

7. API Score : _____ API Verified / Not Verified : _____

8. Language known (Please give details and \checkmark in appropriate columns)

Mother-tongue :	Read	Write	Speak
Other languages 1.			
2.			
3.			
4.			

9. Educational qualifications :

Examination passed	Class	Percentage	Year of passing	Name of Board / University	Medium through which	Subject/s of Specialization
					studied	

10. Teaching / Technical / Professional / Administrative Experience :

Name of	Position Held	Nature of	Per	iod	Salary /
Institution	Position Heid	Appointment	From	То	Salary / Salary Scale

11. Any other Experience :

Name of	Designation	Nature of	Pei	riod	Salary / Salary Scale
Organization	Designation	Work	From	То	Salary Scale

12. Please give below the title of Thesis/Dissertation approved/submitted for M.Phil., Ph.D., etc. and name of the Guide

Title of Thesis/Dissertation	Name of the Guide	Year of approval/submission

-	dertaken during Post-Gradu	ate Studies) (if list is long same be appended)
4. Pu	blications (if list is long san	ne be appended)
(a).	Articles :	
(b)	Research Papers	
	_	
(c) I	Books etc. :	
		any item considered relevant and important l
the	e candidate but not include	d elsewhere.
6. PR	ESENT POSITION :	
(a)	Name of the institution or	
(4)		:
(b)	Designation	:
. ,	Nature of appointment	:
()	11	(Temporary / Permanent / Part-time/ Full-time)
(d)	Date of appointment	· · · · · · · · · · · · · · · · · · ·
-		
(e)	Date of Confirmation	:
(e) (f)	Date of Confirmation Salary (Attach last pay certi	
. ,		ficate, if any)
. ,	Salary (Attach last pay certi	ficate, if any) and with AGP :
. ,	Salary (Attach last pay certif Present Salary Scale/Pay Ba	ficate, if any) and with AGP : Rs
. ,	Salary (Attach last pay certif Present Salary Scale/Pay Ba Present Basic Salary	ficate, if any) and with AGP : Rs Rs
. ,	Salary (Attach last pay certif Present Salary Scale/Pay Ba Present Basic Salary Grade pay :	ficate, if any) and with AGP : Rs
(f)	Salary (Attach last pay certif Present Salary Scale/Pay Ba Present Basic Salary Grade pay : Admissible Allowances Total emoluments	ficate, if any) and with AGP : Rs Rs Rs Rs
• •	Salary (Attach last pay certif Present Salary Scale/Pay Ba Present Basic Salary Grade pay : Admissible Allowances	ficate, if any) and with AGP : Rs Rs Rs Rs

13 Brief Description of research work done or directed (other than research

17. Experience of establishment of an Enterprise/industry	Enclosure No.
	_
	_
	_
(Enclose additional sheet, if required, in the same format)	_

18. Experience establishment collaborations/Linkage at National/International Level	Enclosure No.
	-
	-
	-
(Enclose additional sheet, if required, in the same format)	

19. Details about executed major Research/Consultancy/Industrial Projects

Sr. No.	Title of the Projects	Name of Agency	Period	Type of project (Research consultancy /industrial)	Whether collaborative of Joint	Linkage at (National/ International University or Institution or Industry)	Grant/ Amount Mobilized (Rs. In Lakhs)	Whether Policy Document/ Patent as outcome	Encl osur e No.

20. Evidence regarding knowledge in the field of Intellectual Property Rights	Enclosure No.
(Enclose additional sheet, if required, in the same format)	

1. Academic Distinctions (Award/Schole Enclose additional sheet, if required, in	Enclosure No.		
(i)			
(ii)			
(iii)			
(iv)			
(v)			
(vi)			
(vii)			
(viii)			
(ix)			
(x)			

22. Membership/Fellowship of Learned Accredited Academic Bodies: (Enclose additional sheet, if required, in the same format)							
(i)							
(ii)							
(iii)							
(iv)							
(v)							
(vi)							

23. Competence in Computer Applications :	Enclosure No.

24. Additional Information (including details of Appraisal Reports) : (Use separate sheet, if necessary)	Enclosure No.	

25. Name and address of two persons other than relatives, to whom reference can be made about work and character of the applicant (enclosed copies of certificate from them. One of the certificates should be from the last employer and if not employed from the Head of the Institution from where the candidate has passed the last examination).

Name	Full address
1)	
2)	
_,	

26. Date when you can join,

if selected :

27. Registration No. given by the Employment exchange,

if registered with them

28. Have you any relatives employed at the University or any of the Institutions concerned with University, if so give name of relative, name of the Institution/Department where he/she is working

Particulars of testimonials enclosed :



I hereby confirm that all the information given in the application is correct :

Date :	 		
Place :			

Signature of the applicant

DECLARATION

I, hereby, declare that, all information submitted in this application and in its accompaniments is true, complete and correct to the best of my knowledge and belief. I accept that, in the event of any information being found false, incomplete, or incorrect, my candidature / appointment is liable to be cancelled / terminated at any stage. I further understand that no cognizance shall be taken of any request for withdrawal of my application. I have read carefully all instructions given in Advt. No. 01/2019 on the website of the University <u>sndt.ac.in</u>.

Place : Mumbai Date :	
	Name & Signature of the Candidate:
Recommendation of en	
To, The Registrar, S.N.D.T. Women's University, Mumbai -20	
Sir,	
I am forwarding an application of Shri./Smt	working in
as	as a duly recommended.
	Yours faithfully,
	(Name & Signature of Employer) Seal :
Place : Mumbai	

Date :

DECLARATION OF SMALL FAMILY

FORM – 'A'

(See Rule – 4)

ag	ed years, resident of
	District : City :
	hereby declared as follows :
1)	That I have filled my application for the Post of
2)	I have (Number) living children as on today Out of which No. of children born after 28 th March, 2005 is
	(Mention dates of birth, if any) Date of Birth of children who born after 28th March, 2005.
3)	I am aware that, if any total No. of living children are more than two due to the children born after 28 th March, 2006, I am liable to be disqualified for the same post.

Name & Signature of the candidate :

FORMAT FOR NO OBJECTION CERTIFICATE

(To be typed on Employers letterhead)

TO WHOMSOEVER IT MAY CONCERN

Certified that Shri/Smt./Kum,
working as (Designation) is a confirmed employee of
this (Organization name)
This office has NO OBJECTION in his / her applying for the post of
at the S.N.D.T. Women's University, Mumbai in
response to the advertisement in newspaper Indian Express/ Loksatta dated 07.03.2019
and to appear for interview (if called). There is no vigilance/disciplinary case either
pending or contemplated against him/her.

Signature of Head of the Department/ Forwarding Authority.

Place : _____

Date : _____

S.N.D.T. WOMEN'S UNIVERSITY MUMBAI

			Stateme	ent showir	ng particul	lars of app	licant for	the post of Dire	ector, Innovat	ion, Incubatio	n & Linkages				
Post Category : Unreserved						No. of I (Oı		Advertisement No. 01/2019 dated 07.03.2019							
Name & Corresponde nce Address	Date of Birth			А	cademic Q	ualificatio	on	Exper (Year/M y:	onth/Da	No	. of Publicatio	ns	No. of State/ National Level Award	No. of National/	API
nce Address of the Applicant with Contact No. & Email ID		Degree Award ed	Year of Passin g	%/ CGPA	Div./ Grade	Teachi ng	Admin	State	National	Internatio nal	nwaru	International/ Seminars/ Conferences Attended			
1	2	3	4	5	6	7	8	9	10	11	12	13	14		
	Age as on 07.03. 19			 	 			 Articles Research Paper Books 	 Articles Research Paper Books 	 Articles Research Paper Books 	State Total Award National Total Award 	International Seminar : Conference : Total : National : Seminar : Conference : Total :	API Score Verified / Not Verified		

I hereby declare that all the entries made by me are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature for the Post of Professor may be cancelled without assigning any reason there for.

Date : -----

Signature of Applicant : -----

Place : -----

Name of Applicant : -----