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 विद्यापीठ १, नाथीबाई ठाकरसी मार्ग

मुंबई ४०० ०२० Telegram: UNIWOMEN Website: sndt.ac.in

Advertisement No. 02 of 2023 dated 07.12.2023

(Please submit seven sets with necessary enclosures)

To, The Registrar, SNDT Women's University, Mumbai – 400 020.

Affix recent
passport size
photograph
with self
attestation

Sub : Application for the post of
Respected Sir,
I hereby submit my application for the post of
(write name of the post in handwritten) with the following details :

APPLICATION FORM

(Please read the general instructions, Terms & conditions before filling the form)

1. Personal Details (In	Capital Let	tters)					Enclosure
							No.
Full Name							
(Surname First)							
Date of Birth	DD	MM	YY	Age (In years)	MM	YY	
(DD/MM/YY)				as on			
				07/12/2023			
Gender				Marital Status			
(Male/Female)							
Nationality				Religion			
Caste with Caste							
(SC/ST/VJ-A/NT(B/C/D)/							
OBC/OPEN/PH. etc.)							
Particulars of Physical							
Disability, if Applicable							

2. Address					
Address fo	or Correspondenc	e	Perma	nent Address	
Pin Code :			Pin Code :		
1111 0000 1			i iii couc i		
3. Communication	Address				
E-mail ID					_
Phone No. with STD					
Mobile No.					
Fax No. with STD					
rax No. WILLI STD					
4 Educational Out	lification (Matricu	lation onwar	-d\		
4. Educational Qua	University/	Year o		Division/	- Francisco
Exams.	Institution/	Passing		Class/	Enclosure No.
Degree	Board	1 435	o mana	CGPA	
					_
(Planca usa an addit	ional shoot if requi	 rad_ratainin	na tha shaya tshular fa	rmat)	
Ph.D. (Mark √ in	Degree Award		ng the above tabular for Thesis Submit		
Appropriate Box	Degree Awara	cu [i ilicsis subiliii	ica [
	sertation (If Public	shed give d	etails on a separate sh	neat)	
Ph.D.	sertation (11 Fubil.	sneu, give u	etalis on a separate si	ieet)	
M. Phil					
P.G.					
Particulars of					
NET/SET/SLET/					
GATE or					
Equivalent					
Exam					

5. Present Position									
Designation	University/ Institution	From Date	Basic Pay	Pay Scale/ Pay Band	Gross Pay / Total Salary p.m.				
					l	T			

6. Teaching E	xperience as an a	approved ful	l – time	teacher				Enclosure
Post Held	Basic Pay & Pay		Period		Teach	ing Expe	erience	No.
	Band with	Institution	From	То	Y	<u> М</u>	D	
	A.G.P.							
Total Teaching	Experience : [Y (Yea	rs)] [M	(Month	s)] [[(Days]
Special contri	bution, if any:							
								•••••
(Enclose addition	onal sheet, if requi	red, in the sar	me forma	it)				

		rch Establish				of Hi	gher	Nature	Enclosure
		Professional/		<u>eneuria</u>				of work	No.
Post Held		University/				rience			
	Pay Band	Institution	From	То	Y	М	D		
	with A.G.P.								
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Special conti	ribution, il any	<u>/ i</u>							
(Enclose addit	ional sheet, if r	equired, in the	same fori	mat)					
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8. Research	Experience :							En	closure
	_								
								No).
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Number of Ph	D Thesis Suhn	nitted under Su	nervision		[1			
Number Of PH	.D. 1116313 JUDII	mecca unuei Ju	PCI VI31011	•	L	1			
Number of Ph	.D. Students Re	gistered under	Supervisi	on :	Г	1			
	2:446/165 106	. 5.500.00 011001	- apc. 1101		L .	L			
Total Research	h Experience :	[Y(rears)]		M (Month	s)][_	D	(Days]

Number of E	Books Publish	ned:	[] Ow	/n	[] Join	nt Aut	horshi _l	р				
Number of Books Edited :		[] Own		/n	[] Joint Authorship									
Number of F	Papers Publis	apers Published :] Own [] Joint Authorship			[] Own [] Joint Authors		[] Own [] Joint Authorship					
	0	wn						Joi	int Aut	hors	hip			
International Journals	ternational National Internat		rnational National Ir rnals Journals Co		ces/ /	National Conference /Seminars Symposiu	s /	Interna Journal		Intern	ational rences/ ars /	Nation Conf		International Conferences/ Seminars / Symposium
[]	[]	[]	[]	Γ]	Γ]	Ε]	[]		
	NOT	E : Give	the d	etails of	Pu	blication	ons on	sepa	rate sl	neet.				
40 41 : :												Enclosure		
Post Held	Sasic Pa		_	ersity		Por	iod		Admi	nietra	tivo	No.		
Post neiu	Band wi	ay & Pay ith		itution		Period			Administrative Experience		ce			
	A.G.P.				F	From To)	Y	М	D			
Total Admin	istrative Exp	erience :	Г	Υ (Yea	rs)][M (Month	s)][_ D (Days]		
						/1				- / J L		(,-]		
Special cor	<u>ntribution, i</u>	f any :												
<i>(</i>		, .c .			_									
(Enclose add	ditional shee	t, it requi	red, i	n the san	ne f	ormat)								

Enclosure No.

9. Publications:

11. Experience of establishment of an Enterprise / Industry / Firm	Enclosure
	No.
(Enclose additional sheet, if required, in the same format)	
12. Experience of establishment of an Enterprise / Industry / Firm	Enclosure
12. Experience of establishment of an Enterprise / Industry / Firm	Enclosure No.
12. Experience of establishment of an Enterprise / Industry / Firm	
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12. Experience of establishment of an Enterprise / Industry / Firm	
12. Experience of establishment of an Enterprise / Industry / Firm	
12. Experience of establishment of an Enterprise / Industry / Firm	

13. Details about executed major Research / Consultancy / Industrial project								Enclosure No.	
Sr. No.	Title of the Project	Name of Agency	Period	Type of Project (Research/ Consultancy / Industrial	Whether Collaborative of Joint	Linkages at (National/ International University or Institution or Industry)	Grant / Amount Mobilized (Rs. In Lakhs)	Whether policy Department / Patent as outcome	

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

15. Academic Distinctions (Award/ Scholarship/ Rank, etc) : (Enclosure additional sheet, if required, in the same format)	Enclosure No.
(i)	-
(ii)	
(iii)	
(iv)	
(v)	
(vi)	
(vii)	
(viii)	
(ix)	
(x)	
16. Membership / Fellowship of learned Accredited Academic Bodies : (Enclosure additional sheet, if required, in the same format)	Enclosure No.
(i)	
(ii)	
(iii)	
(iv)	
(v)	
(vi)	
17. Competence in Computer Applications :	Enclosure No.

18. Additional Information, if any:								
(Use separate sheet, if necessary)		No.						
19. Name and Postal Address of Two Referees	:							
Reference 1	Reference 2							
E-mail ID :	E-mail ID :							
Mobile No. :	Mobile No. :							
20. Academic Score as per table 2, Appendi		18/UNI-1						
dated 08.03.2019 :								
(Table 2 Siloulu be attached with Verified acat	lenne score/API)							
21 Academic Seeve as stimulated in the Academic Devicements Indicator (ADI) based								
21. Academic Score as stipulated in the Academic Performance Indicator (API) based Performance Based Appraisal System (PBAS), set out in Regulation in Appendix III:								
(Appendix III should be attached with verified academic score/API)								
22. Total No. of Enclosures attached :								
DATE :		_						
PLACE:	(Signature of Applicant)							

DECLARATION - I								
I, hereby, declare that, all information saccompaniments is true, complete and correct I accept that in the event of any information and incompanies and interest of any information and incompanies.	t to the best of my knowledge and belief.							
incorrect, my candidature / ap	ppointment for the post of							
is liable to be cancelled / terminated at an cognizance shall be taken of any request for we carefully all instructions given in the University dated 07.12.2023 on the website of the University	withdrawal of my application. I have read rsity Advertisement No. 02 of 2023							
DATE : PLACE :	(Signature of Applicant)							

(Covernment of Mahamahtua Counties April 29 2005)								
(Government of Maharashtra, Gazettee, April, 28, 2005) Form – 'A'								
(See Rule – 4)								
I, Dr./Shri./Mrs./Ms,								
son/Doughter/Husband/Wife of Dr./Shri.								
aged years resident at								
do hereby declare as follows :-								
1. That I have filled my application for the post of								
as per the University								
advertisement no. 02 of 2023 dated 07.12.2023 I have								
(Number) living children as on today, out of which number of children								
both after 28 th March, 2005 is/are (Mention dates of Birth, if								
any)								
2. I am aware that if total number 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.								
DATE:								
PLACE: (Signature of Applicant)								

ENDORSEMENT BY THE EMPLOYER (For in-service conditions only)

To be signed and forwarded by the present employer

Forwarded to :
The Registrar,
SNDT Women's University, Mumbai – 400 020.
The applicant Dr./Shri./Mrs./Ms, who has submitted this application for the post of
as per the University advertisement no. 02 of 2023 dated 07.12.2023 in the
SNDT Women's University, Mumbai has been working inin a
, on the post of in a temporary, permanent capacity with effect from in the scale of
Pay/ Pay Band of Rs with Grade Pay of Rs
His/her next increment is due on Further it is certified that no
disciplinary/ vigilance case has ever been held or contemplated or is pending against
the said applicant.
There are No Objection for his/her application being considered by the SNDT
Women's University, Mumbai.
Signature of the forwarding authority
Name :
Designation: OFFICE SEAL
Place :
Date :

SNDT WOMEN'S UNIVERSITY, MUMBAI

Particu	ılars of ap	plicant for	the post	of									
Post Category :				No. of Post : 01 (ONE)			Adv. No. 02 of 2023 - dated 07.12.2023						
Name &	Date of	Ac	Qualification	ations Experience (Years/Month			hs/Days		No. of	Evidence	Publications		
Correspondenc e Address of the Applicant with Contact No. & Email ID	Birth	Degree Awarded	Year of Passing	Percentage/ CGPA	Div. / Grade	Teaching	Research/ Industrial/ Professional / Entrepreneurial	Administ rative		Establis hing Collabor ations/ Linkages at National / Internati onal level	execute major Research/ Consultan cy/ Industrial Projects	regarding knowledge in the field of intellectual Property Rights	
1	2	3	4	5	6	7	8	9	10	11	12	13	14
													International
	AGE as												Own :
	on												Joint :
	07.12.23												Total :
													National :
													Own :
													Joint :
													Total :
							of my knowled may						
Date :								Si	gnature o	of Applica	nt :		
Place :								Na	ame of Ap	oplicant :			