

SNDT Women's University

1, Nathibai Thackersey Road,
Mumbai – 400 020
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श्रीमती ना. दा. ठाकरसी विद्यापीठ

१, नाथीबाई ठाकरसी मार्ग
मुंबई ४०० ०२०

Telegram: UNIWOMEN

Website : sndt.ac.in

Model College (Principal) Advt. no. 01/2025 Dated 15/10/2025

(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 _____

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. Application Online Fee details :							
Application Online Fee Receipt No.	Date			Amount (Rs.)			

2. Personal Details (In Capital Letters)							Enclosure No.
Full Name (Surname First)							
Date of Birth (DD/MM/YY)	DD	MM	YY	Age (In years) as on 15.10.2025	MM	YY	
Gender (Male/Female)				Marital Status			
Nationality				Religion			
Caste with Caste (SC/ST/VJ-A/NT(B/C/D)/ OBC/OPEN/PH. etc.)							
Particulars of Physical Disability, if Applicable							

6. Present Position						Enclosure No.
Designation	University/ Institution	From Date	Basic Pay	Pay Scale/ Pay Band	Gross Pay / Total Salary p.m.	

7. Teaching Experience as an approved full – time teacher								Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University Institution	Period		Teaching Experience			
			From	To	Y	M	D	

Total Teaching Experience : [_____ Y (Years)] [_____ M (Months)] [_____ D (Days)]

Special contribution, if any :

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(Enclose additional sheet, if required, in the same format)

[illegible]

9. Research Experience :		Enclosure No.
Number of Ph.D. Degrees Awarded under Supervision :	[]	
Number of Ph.D. Thesis Submitted under Supervision :	[]	
Number of Ph.D. Students Registered under Supervision :	[]	
Total Research Experience :	[_____ Y (Years)] [_____ M (Months)] [_____ D (Days)]	

10. Publications :							Enclosure No.
Number of Books Published :		[] Own	[] Joint Authorship				
Number of Books Edited :		[] Own	[] Joint Authorship				
Number of Papers Published :		[] Own	[] Joint Authorship				
Own				Joint Authorship			
International Journals	National Journals	International Conferences/ Seminars / Symposium	National Conferences/ Seminars / Symposium	International Journals	International Conferences/ Seminars / Symposium	National Conferences/ Seminars / Symposium	International Conferences/ Seminars / Symposium
[]	[]	[]	[]	[]	[]	[]	[]
NOTE : Give the details of Publications on separate sheet.							

11. Administrative Experience :								Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University Institution	Period		Administrative Experience			
			From	To	Y	M	D	
Total Administrative Experience : [] Y (Years) [] M (Months) [] D (Days)								
<u>Special contribution, if any :</u>								
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(Enclose additional sheet, if required, in the same format)								

DECLARATION - I

I, hereby, declare that, all information submitted in this application and 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 for the post of

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 the **Advertisement Model College (Principal) Advt. no. 01/2025 dated 15/10/2025** on the website of the University.

DATE :

PLACE :

(Signature of Applicant)

(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 :-

That I have filled my application for the post of _____ **as per**
the Advertisement Model College (Principal) Advt. no. 01/2025 dated
15/10/2025.

1. I have _____ (Number) living children as on today, out of which
number of children both after 28th 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 28th 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 Advertisement Model College (Principal) Advt. no. 01/2025

dated 15/10/2025 in the SNDT Women's University, Mumbai has been working in
_____, 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 : _____

Place : _____

Date : _____

OFFICE SEAL

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

Particulars of applicant for the post of _____

Post Category : **Unreserved**

No. of Post : **01 (ONE)**

**Model College (Principal) Advt. no.
01/2025 dated 15/10/2025**

Name & Correspondence Address of the Applicant with Contact No. & Email ID	Date of Birth	Academic Qualifications				Experience (Years/Months/Days)					No. of execute major Research/ Consultancy/ Industrial Projects	Evidence regarding knowledge in the field of intellectual Property Rights	Publications
		Degree Awarded	Year of Passing	Percentage / CGPA	Div. / Grade	Teaching	Research/ Industrial/ Professional / Entrepreneurial	Administrative	Establishment of an Enterprise/ Industry	Establishing Collaborations/ Linkages at National / International level			
1	2	3	4	5	6	7	8	9	10	11	12	13	14
	AGE as on 15/10/2025												International : Own : _____ Joint : _____ Total : _____ National : Own : _____ Joint : _____ Total : _____

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 _____ may be cancelled without assigning any reason there for.

Date : _____

Signature of Applicant : _____

Place : _____

Name of Applicant : _____