

SNDT Women's University

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श्रीमती ना. दा. ठाकरसी महिला विद्यापीठ

१, नाथीबाई ठाकरसी मार्ग

मुंबई ४०० ०२०

Telegram: UNIWOMEN

Website: sndt.ac.in

NOMINATION FORM FOR ELECTION OF TEN TEACHERS TO THE SENATE (U/S 28(2)(r) OF M.P.U. Act, 2016)

Election of **Ten Teachers**, other than principals and directors of recognized institutions to the Senate by the collegium of teachers from amongst themselves of whom one each shall be a person belonging to Scheduled Castes, Scheduled Tribes, De-notified Tribes (Vimukta Jatis) or Nomadic Tribes, Other Backward Classes, and one shall be a woman, under Section 28(2)(r) of the Maharashtra Public Universities Act, 2016.

1. Authority or office for which the : **SENATE**
candidate is nominated
2. Electoral body to represent for which : **Collegium of Teachers (as defined
under Section 2(18) of the Act.)**
the candidate is nominated.

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. 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
2. Name of the Candidate (in full) : _____
(Surname) (First Name) (Middle Name)
3. Date of Birth : _____
4. Candidate's Designation : _____
5. Candidate's Residential Address : _____

6. Name of the College or recognized institution : _____

7. Phone No. : Res.: _____ Offi .: _____
 Mob.: _____
 E mail.: _____
8. Candidate's Qualifications : _____

9. Degrees with the names of Universities : _____

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

16. 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. I further state that, the information furnished by me as above is true and correct to the best of my acknowledge and belief.

Place:

Date:

Name and signature of the candidate

Declaration by proposer

Name of the Proposer (in full) : _____
(Proposer should be an elector)

Proposer's designation : _____

Proposer's residential address : _____

Proposer's Voter Number as per : _____
Final Electoral Roll

Phone No. : Res.: _____ Off .: _____

Mob.: _____

E mail.: _____

I hereby propose the nomination of the above candidate.

Place:

Date:

Proposer's Signature

Declaration by Seconder

Name of the Seconder (in full) : _____
(Seconder should be an elector)

Seconder's designation : _____

Seconder's residential address : _____

Secunder's voter number as per : _____
Final Electoral Roll

Phone No. : Res.: _____ Off .: _____

Mob.: _____

E mail.: _____

I hereby second the nomination of the above candidate.

Place:

Date:

Secunder's Signature

NOTE:-

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

Office Remarks:

N.B. : INCOMPLETE FORM WILL BE REJECTED

Receipt for Nomination Form and Notice of Scrutiny

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

Serial No. of Nomination Form

The Nomination Form of a candidate for election from the Ten Teachers constituency 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 alongwith the nomination form.

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

Place:
Date:

Name & Signature of the
Person Receiving the Form

*Score out the words not applicable.