

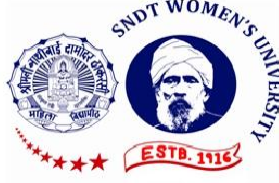
# SNDT Women's University

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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 THREE HEADS OF DEPARTMENTS FROM  
AFFILIATED COLLEGES AND RECOGNIZED INSTITUTIONS TO THE BOARDS OF  
STUDIES IN THE CONCERNED SUBJECTS OF GROUP OF SUBJECTS  
(U/S 40(2)(c) of the M.P.U. Act, 2016)**

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:

- Authority or office for which : **BOARD OF STUDIES IN**  
the candidate is nominated  
**(Name of subject)**
- Faculty to be representing : **(Name of the Faculty)**
- Name of the Candidate (in full) : \_\_\_\_\_  
(Surname) (First Name) (Middle Name)
- Date of Birth : \_\_\_\_\_
- Candidate's Designation : \_\_\_\_\_
- Candidate's Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Name of the College or Recognized Institution : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Contact Details : Res.: \_\_\_\_\_ Offi .: \_\_\_\_\_  
Mob.: \_\_\_\_\_  
E mail.: \_\_\_\_\_
- Candidate's Qualifications : \_\_\_\_\_  
\_\_\_\_\_

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

18. 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.					

**Consent and declaration of the Candidate**

I hereby consent to my nomination as proposed and seconded by the proposer and the seconder respectively. I further state that, the information furnished by me as above is true and correct to the best of my knowledge and belief.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name and signature of the candidate

**Declaration of the proposer**

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

Proposer's designation and name of : \_\_\_\_\_  
the college

Proposer's residential address : \_\_\_\_\_  
\_\_\_\_\_

Proposer's Voter Number as per : \_\_\_\_\_  
Final Electoral Roll

Phone No. : Res.: \_\_\_\_\_ Off .: \_\_\_\_\_

Mob.: \_\_\_\_\_

E mail.: \_\_\_\_\_

I hereby propose the name of the above candidate and declare that, the information as furnished by me is true and correct to the best of my knowledge.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Proposer's Signature

**Declaration of the Seconder**

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

Seconder's designation : \_\_\_\_\_

Seconder's residential address : \_\_\_\_\_  
\_\_\_\_\_

Seconder's voter number as per : \_\_\_\_\_  
Final Electoral Roll

Phone No. : Res.: \_\_\_\_\_ Off .: \_\_\_\_\_

Mob.: \_\_\_\_\_

E mail.: \_\_\_\_\_

I hereby second the nomination of the above candidate and declare that, the information furnished by me is true and correct to the best of my knowledge.

Place:

Date:

\_\_\_\_\_  
Seconder's Signature

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**NOTE:-**

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

**N.B. : INCOMPLETE FORM WILL BE REJECTED**

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**NOTE:**

**Uniform Statute No.1 of 2017, under Section 10(3)**

Nomination papers shall be dated and signed by two electors entitled to vote, and shall contain dates, names in full, addresses and designations, if any, and voter numbers of signatories and of the candidate nominated. No person shall be nominated as a candidate for election unless he signifies his consent under his signature and date on the nomination paper. No person shall either propose or second his own nomination:

Provided that, in case there are less than three voters, the candidate himself may propose and second his own nomination.

**Receipt for Nomination Form**

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

The Nomination Form of .....  
a candidate for election to the ..... from the Collegium  
of ..... 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 along with the nomination form.

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

Place:

Date:

Time:

\_\_\_\_\_  
Name & Signature of the  
Person Receiving the Nomination Form

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\*Score out the words not applicable.