



एस.एन.डी.टी. महिला विद्यापीठ, मुंबई - २०.

SNDT WOMEN'S UNIVERSITY

1 N.T. Road, Churchgate, Mumbai – 400 020.

**PROFORMA FOR PREPARATION OF ELECTORAL ROLL
OF TEACHERS FOR ELECTION OF TWO TEACHERS REPRESENTING
EACH FACULTY TO THE ACADEMIC COUNCIL
(u/s 32(3)(g) of the M.P.U. Act, 2016)**

To,
The Registrar,
SNDT Women's University,
1, Nathibai Thackersey Road,
Mumbai – 400 020.

**Paste
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Photo
& sign
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Sir,

I am submitting herewith the requisite information for the purpose of preparation of Electoral Roll of Teachers for election of two teachers representing each Faculty to the Academic Council under Section 32(3)(g) of the Maharashtra Public Universities Act, 2016.

1.	Name of the Teacher in full (Block letters)	:	_____
			(Surname) (First Name) (Middle Name)
2.	Date of Birth	:	_____
3.	Category	:	_____
			Open / SC / ST / NTDT / OBC/ SBC / Others
4.	Present Residential Address	:	_____

			_____ Pin code _____
5.	Phone No.	:	Res.: _____ Off.: _____
			Mob. : _____
			E mail : _____
6.	Name and Address of the College / Institution	:	_____

Signature of the teacher

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7.	Degrees with the names of Universities	:	_____	
8.	Year and date of obtaining Ph. D. degree	:	_____ _____	
9.	Nature of appointment as Teacher as defined in Section 2(61) Kindly specify (attached relevant appointment order)	:	_____	
10.	Whether appointment as Teacher is duly approved by the University. (If so please attach copy of approval of University.)	:	_____	
11.	Subjects taught / teaching at Bachelor's / Master's Degree level	:	_____	
12.	Date of appointment	:	_____	
13.	Date of Superannuation	:	_____	
14.	Faculty (Please refer to the list of Faculties and subjects there under)	:	(1) Humanities <input type="checkbox"/>	(2) Commerce & Management <input type="checkbox"/>
			(3) Interdisciplinary <input type="checkbox"/>	(4) Science & Technology <input type="checkbox"/>

Declaration

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

Place :

Date :

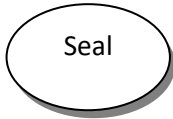
(Teacher's Signature)

NOTE : -

- Photocopies of the relevant documents duly attested should be attached with the form.

Declaration by the Principal of the College / Director of the recognised Institute

I certify that all the above information filled by _____
teacher is correct. I also certify that, the above mentioned teacher who is working at
_____ College/Recognized Institute
satisfies the requirement of the term of "Teacher" as defined under Section 2(61) of the
Maharashtra Universities Act, 2016.



(Signature of the Principal of the College / Director of the
Recognized Institution)

Place : _____

Date : _____