

Application No. :	
(To be filled in by the University Office)	

## SHREEMATI NATHIBAI DAMODAR THACKERSEY **WOMEN'S UNIVERSITY,**1, Nathibai Thackersey Road, Mumbai - 400 020.

				OR EMPLOYME OFESSOR/ FIEL	`			
POST A	APPLI	ED FOR: _						
1.	Name (IN B	in full Mr./N LOCK LETT	Mrs./Miss _ ΓERS)	(Surname)	(First Name)	) (Fa	ther's / Husl	pand's Name)
2.	Posta	l Address in t	full:					
3.	Telep	hone No. (if	any):					
	(Offic	ce):		(Resi.	):			
	Mobi	le No.:		Email Id: _				
4.		nal Details:						
	Age	Date of		Number & age of Children, if any		belon		ST/DT-NT ort of caste
5.	Langu	ıage known (	Please give	e details and ✓ in a	ppropriate co	<u> </u>		
	Moth	er-tongue :				Read	Write	Speak
	Other	languages	1.					
			2.					
			3.					

6. E	Education qualif	ication beginnii	ng with S.S.C.	/ H.S.C. or equival	ent Examination
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Examination passed	Class	Percentage	Year of passing	Name of Board / University	Medium through which studied	Subject/s of Specialization

## 7. Teaching Experience

7. Teaching Emperience	-			
Name of Institution	Designation (if full time/ part-time or	Subject taught specifying level (i.e. Jr. College/	Period	
	visiting, mention of same be made)	Graduate/Post Graduate level etc.)	From	То

## 8. Any other Experience

Name of Organization	Designation	Nature of Work	Period	
			From	То

9. Please give below the title of Thesis/Dissertation approved/submitted for M.Phil., Ph.D., etc. and name of the Guide

Title of Thesis/Dissertation	Name of the Guide	Year of approval/submission

10.	Publications (if list is long same be appended)	
	(a) Articles:	
	(b) Research Papers:	
	(c) Books etc.:	
11.	Additional remarks, if any, on any item considere not included elsewhere.	ed relevant and important by the candidate bu
12.	Name and address of two persons other than relawork and character of the applicant (enclosed certificates should be from the last employer a Institution from where the candidate has passed the	copies of certificate from them. One of the and if not employed from the Head of the
	Name	Full address
	1)	
	2)	
	,	
hereby	confirm that all the information given in the application	cation is correct:
ate :		
a.c .		Signature of the applicant (Name :

## **DECLARATION**

I, hereby, declare that, all information submitted in this application and in 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 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 Advt. No. 01/2020 on the website of the University <a href="https://www.sndt.ac.in">www.sndt.ac.in</a>.

Place		Mum	hai
riace	•	Mulli	Dai

Date:

Name & Signature of the Candidate:

Place: Mumbai

Date: