SNDT Women's University

1, Nathibai Thackersey Road, Mumbai – 400 020 Phone : +91 22 2203 1879 Fax : +91 22 2201 8226



श्रीमती ना. दा. ठाकरसी विद्यापीठ १, नाथीबाई ठाकरसी मार्ग मुंबई ४०० ०२० Telegram: UNIWOMEN Website : sndt.ac.in

Advertisement No. 01/2025 dated 12.06.2025 (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 Dean, Faculty of Humanities

Sir,

I hereby submit my application for the post of **Dean, Faculty of Humanities** (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)									
Full Name									
(Surname First)									
Date of Birth	DD	MM	YY	Age (In years)	MM	YY			
(DD/MM/YY)				as on					
				12.06.2025					
Gender		1		Marital Status		1			
(Male/Female)									
Nationality				Religion					
Caste with Caste									
(SC/ST/VJ-A/NT(B/C/D)/									
OBC/OPEN/PH. etc.)									
Particulars of Physical									
Disability, if Applicable									

3. Address	
Address for Correspondence	Permanent Address
Pin Code :	Pin Code :

4. Communication Address						
E-mail ID						
Phone No. with STD						
Mobile No.						
Fax No. with STD						

5. Educational	Quali	fication (Matricu	llation onward)			
Name of Exams. Degree	l	Jniversity/ nstitution/ Board	Year of Passing	Percentage of Marks	Division/ Class/ CGPA	Enclosure No.
		Bourd				
(Please use an a	dditio	nal sheet, if requ	ired, retaining the	e above tabular for	rmat)	
Ph.D. (Mark √ in	1	Degree Award		Thesis Submitt		
Appropriate Box						
	Disse	ertation (If Publi	shed, give details	s on a separate she	eet)	1
Ph.D.						
M. Phil						
P.G.						
Particulars of						
NET/SET/SLET/						
GATE or						
Equivalent						
Exam						

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

B	Basic Pay & Pay Band with A.G.P.	University Institution	Period From	То	Y	ing Expe	D	
otal Teaching Ex								
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Enclose additiona		red, in the sar	ne format)					

		rch Establish Professional/				of Hi	gher	Nature of work	Enclosure No.
Post Held		University/							
i oot neiu		Institution	From	То	Y	M	D		
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Total Experien	ribution, if any	f(fears)]		[M] (1	Months	<u>>)][</u>	· · · · · · · · · · · · · · · · · · ·	_ D (Days	
		<u> </u>							
	ional choot if r	aquirad in the							
(Enclose addit	lonal sheet, if n	equired, in the	same for	mat)					
9. Research	Experience :							En	closure
								No).
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Total Research	n Experience :	[Y ()	(ears)]	L	м(Month	s)][_	D	(Days]

10. Publica	itions :								Enclosure No.
Number of E	Books Publish	ned :	[] Own	[] Joir	nt Authorshi	р	
Number of Books Edited :			[] Own	[] Joir	nt Authorshi	р	
Number of F	Papers Publis	hed :	[] Own]] Joir	nt Authorshi	р	
	0	wn					Joint Aut	horship	
International	National	Internatio	nal	National	Interna	ational	International	National	International
Journals	Journals	Conference	ces/	Conferences	Journa	ls	Conferences/	Conferences	Conferences/
		Seminars	/	/Seminars /			Seminars /	/Seminars /	Seminars /
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[]	[]	[]	[]	[]	[]	[]	[]
	NOT	E : Give t	the d	letails of Pu	blicati	ons or	n separate sl	neet.	

11. Administr	ative Experience							Enclosure No.
Post Held	Basic Pay & Pay Band with	University Institution	Perio	od	Administrative Experience			
	A.G.P.		From	То	Y	M	D	-
Total Administr	ative Experience :	[Y ()	Years)] [I	M (Mor	nths)] [_		D (Days]
Special contri	bution, if any :							
								•••••
(Enclose additio	onal sheet, if requi	red, in the sam	ne format)					

12. Experience of establishment of an Enterprise / Industry / Firm	Enclosure No.
	NO.
(Enclose additional sheet, if required, in the same format)	

13. Details about executed major Research / Consultancy / Industrial project									
Sr. No.	Title of the Project	Name of Agency	Period	Type of Project (Research/ Consultancy / Industrial	Whether Collaborative of Joint	Linkages at (National/ International University or Institution or Industry)	Grant / Amount Mobilized (Rs. In Lakhs)	Whether policy Department / Patent as outcome	

14. Evidence regarding knowledge in the filed of Intellectual Property Rights	Enclosure No.
	NO.
(Enclose additional sheet, if required, in the same format)	

cademic Distinctions (Award/ Scholarship/ Rank, etc) :	Enclosure
osure additional sheet, if required, in the same format)	No.
	cademic Distinctions (Award/ Scholarship/ Rank, etc) : isure additional sheet, if required, in the same format)

16. M (Enclo	Enclosure No.		
(i)			
(ii)			
(iii)			
(iv)			
(v)			
(vi)			

17. Competence in Computer Applications :	Enclosure
	No.
(Enclose additional sheet, if required, in the same format)	

18. Additional Information, if any :	Enclosure
(Use separate sheet, if necessary)	No.

19. Name and Postal Address of Two Referees :							
Reference 1	Reference 2						
E-mail ID :	E-mail ID :						
Mobile No. :	Mobile No. :						

20. Academic Score as per Appendix – II, Table 2 of G.R. No. Misc-2018/C.R.56/18/UNI-1 dated 08.03.2019 : _____

(Appendix – II, Table 2 should be attached with verified academic score/API)

21. Total No. of Enclosures attached : _

DATE :

PLACE :

(Signature of Applicant)

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 **Dean, Faculty of Humanities** 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 **University Advertisement No. 01 of 2025 dated 12.06.2025** 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 :-
1. That I have filled my application for the post of Dean, Faculty of Humanities as per the University Advertisement N
2. o. 01 of 2025 dated 12.06.2025. I have (
Number) living children as on today, out of which number of children both after
28 th March, 2005 is/are (Mention dates of Birth, if any)
3. I am aware that if total number of living children are more than two, due to the children born after 28 th 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 **Dean, Faculty of Humanities as per the University Advertisement No. 01 of 2025 dated 12.06.2025** 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 :			
Designat	tion :		

OFFICE SEAL

Place : ______

Date : _____

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

Particulars of applicant for the post of _

 Post Category : Unreserved
 No. of Post : 01 (ONE)
 Adv. No. 01 of 2025 - dated 12.06.2025

Name &	Date of	Academic Qualifications			Experience (Years/Months/Days				No. of	Evidence	Publications		
Correspondenc e Address of the Applicant with Contact No. & Email ID	Birth	Degree Awarded	Year of Passing	Percentage/ CGPA	Div. / Grade	Teaching	Research/ Industrial/ Professional / Entrepreneurial	Administ rative	Establis hment of an Enterpri se/ Industry	Establis hing Collabor ations/ Linkages at National / Internati onal level	execute major Research/ Consultan cy/ Industrial Projects	regarding knowledge in the field of intellectual Property Rights	
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	AGE as												Own :
	on												Joint :
	12.06.20 25												Total :
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													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 Statutory Officer's Post of Dean, Faculties of Humanities may be cancelled without assigning any reason there for.

Date : _____

Signature of Applicant :

Place : _____

Name of Applicant : _____