



# S.N.D.T. WOMEN'S UNIVERSITY

1, Nathibai Thackersey Road, New Marine Lines, Mumbai -400 020

## Advertisement No. 02 /2016

### APPLICATION FOR THE POST OF REGISTRAR

Affix Latest  
Passport size  
photograph with  
self attestation

To,  
The Registrar,  
S.N.D.T. Women's University,  
Mumbai - 400 020

Sub : Application for the post of \_\_\_\_\_  
(Name of the Post)

Sir,

I, hereby, submit my application for the post mentioned above, with the following details :-

1. Name in Full (in Capital Letters)

Shri. /Smt. \_\_\_\_\_  
(Surname) (Name) (Father's Name)

In Devnagri \_\_\_\_\_

2. Postal Address in Full : \_\_\_\_\_  
\_\_\_\_\_

Phone No. with STD code : \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email ID (Mandatory) : \_\_\_\_\_

3. Date of Birth :

d	d	m	m	y	y	y	y

4. Age :

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5. Male / Female :

\_\_\_\_\_

6. Whether Handicapped : Yes/No.

Whether Sportsman : Yes/No

7. Category : (Tick (✓) in the appropriate box)

SC (1)	ST (2)	VJ(A) (3)	NT(B) (4)	NT(C) (5)	NT(D) (6)	OBC (7)	SBC (8)	UNRESERVED (9)

Caste : \_\_\_\_\_

Sub Caste : \_\_\_\_\_

8. (a) Nationality : \_\_\_\_\_ (b) Mother tongue : \_\_\_\_\_

9. Details of Demand Draft : DD. No. \_\_\_\_\_ Date : \_\_\_/\_\_\_/\_\_\_\_.

Amount Rs. \_\_\_\_\_ Name of Bank : \_\_\_\_\_

10. Languages Known (Please give details and in appropriate columns)

Mother-tongue	Read	Write	Speak
Other Languages 1.			
2.			
3.			

**11. Educational Qualifications :**

Examination Passed	University / Board	Month & Year of Passing	Subjects of Specialization	% of Marks	Class/Div / Grade awarded

<b>Thesis/Dissertation approved/submitted for M. Phil., Ph.D., etc.</b>			
Sr. No.	Title of Thesis/Dissertation	Name of Guide	Year of approval / Submission
1.			
2.			
3.			
4.			
5.	Brief Description of research work done or directed (other than research undertaken during Post-Graduate Studies)		
	<b>Publications</b>		
6.	<b>Articles</b>		
7.	<b>Research Papers</b>		
8.	<b>Books etc :</b>		
9.	<b>Additional remarks, if any, on any item considered relevant and important by the candidate but not include elsewhere</b>		

**12. Teaching/Technical/Professional/Administrative Experience :**

Sr. No.	Name of Institution	Position Held	Nature of Appointment	Period		salary/ salary scale
				From	To	

Sr. No.	Present Position		
1.	Name of the Institution /Organization where working		
2.	Designation		
3.	Nature of appointment (Temporary/Permanent/Part-time/Full Time)		
4.	Date of appointment		
5.	Date of confirmation		
6.	<b>Salary</b>		
	Present Salary Scale/Pay Band with AGP		
	Present Basic Salary		
	Allowances		
	Total emoluments		
	Date of next increment		
	Amount of increment		

**13. List the Membership of various National / International Academic / Non Academic bodies.**

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Other Information		
	Name and address of two persons other than relatives, to whom reference can be made about work and character of the applicant (enclosed copies of certificate from them. One of the certificates should be from the last employer and if not employed from the Head of the Institution from where the candidate has passed the last examination.)	
Sr. No.	Name	Full Address
1 (a)		
1(b)		
2.	Date when you can join, if selected	
3.	Registration No. given by the Employment exchange, if registered with them	
4.	Have you any relative/s employed at the University or any of the Institutions concerned with University, if so give name of relative, name of the Institution/Department where he/she is working	

14. Following documents are enclosed :

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

Place : Mumbai

Date :

Name & Signature of the Candidate:

## 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. 2/2016 on the website of the University [www.sndt.ac.in](http://www.sndt.ac.in).

Place : Mumbai

Date :

Name & Signature of the Candidate:

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### Recommendation of employer

To,  
The Registrar,  
S.N.D.T. Women's University,  
Mumbai -20

Sir,

I am forwarding an application of Shri./Smt. \_\_\_\_\_  
working in \_\_\_\_\_ as \_\_\_\_\_ as a duly  
recommended.

Yours faithfully,

(Name & Signature of Employer)

Seal :

Place : Mumbai

Date :

## DECLARATION OF SMALL FAMILY

FORM - 'A'

(See Rule - 4)

1. Shri./Smt./Kum. \_\_\_\_\_  
son/ daughter/wife of Shri. \_\_\_\_\_  
aged \_\_\_\_\_ years, resident of \_\_\_\_\_

\_\_\_\_\_

District : \_\_\_\_\_ City : \_\_\_\_\_ do hereby declared as follows :

- 1) That I have filled my application for the Post of \_\_\_\_\_  
\_\_\_\_\_
- 2) I have \_\_\_\_\_ (Number) living children as on today \_\_\_\_\_.  
Out of which No. of children born after 28<sup>th</sup> March, 2005 is \_\_\_\_\_  
(Mention dates of birth, if any) Date of Birth of children who born after  
28<sup>th</sup> March, 2005.
- 3) I am aware that, if any total No. of living children are more than two due to  
the children born after 28<sup>th</sup> March, 2006, I am liable to be disqualified for  
the same post.

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

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

Name & Signature of the candidate :

**FORMAT FOR NO OBJECTION CERTIFICATE**  
(To be typed on Employers letterhead)

**TO WHOMSOEVER IT MAY CONCERN**

Certified that Shri/Smt./Kum. \_\_\_\_\_,  
working as (Designation) \_\_\_\_\_ is a confirmed employee of  
this (Organization name) \_\_\_\_\_. This  
office has **NO OBJECTION** in his / her applying for the post of  
\_\_\_\_\_ at the S.N.D.T. Women's University, Mumbai in  
response to the advertisement in newspaper Indian Express/ Loksatta dated  
\_\_\_\_\_ and to appear for interview (if called). There is no  
vigilance/disciplinary case either pending or contemplated against him/her.

\_\_\_\_\_  
Signature of Head of the Department/  
Forwarding Authority.

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

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