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



SHREEMATI NATHIBAI DAMODAR THACKERSEY WOMEN'S UNIVERSITY,

1, Nathibai Thackersey Road, Mumbai - 400 020.

ADVERTISEMENT NO. 02 / 2016

	APPLICATIO	N FOR EMPLOY	MENT (TEACHI	NG STAFF)
RINCIPAL, ASSOCIATE PROFESSOR, ASSISTANT PROFESSOR)				
OST A	APPLIED FOR :			
Det	ails of Demand Draft : DD	9. No	Date :	//
Amo	ount Rs	_ Name of Bank :		
1.	Name in full Mr./Mrs./M (IN BLOCK LETTERS)	iss (Surname)	(First Name)	(Father's / Husband's Name)
2.	Postal Address in full :			
	(IN BLOCK LETTERS)			
			PIN CO	DE NO
3.	Telephone No. (if any) :			
	(Office) :	(R	lesi.) :	
	Mobile No.:	Email Ic	d :	
	Personal Details :			

Age	Date of Birth	Married / Single	Number & age of Children, if any	Nationality	Specify the caste if belonging to SC/ST/DT-NT /OBC with support of caste certificate
					certificate

5. Language known (Please give details and \checkmark in appropriate columns)

Mother-tongue :	Read	Write	Speak
Womer-tongue .			
Other languages 1.			
2.			
3.			

$6. \ \ Education \ \ qualification \ beginning \ with \ \ S.S.C. \ \ / \ H.S.C. \ or \ \ equivalent \ \ Examination:$

			-	6			
	Examination	Class	Percentage	Year of	Name of Board /	Medium	Subject/s of
	passed			passing	University	through	Specialization
						which	
						studied	
-							

7. Teaching Experience

Name of Institution	Designation (if full time/ part-time or	level (i.e. Jr. College/	Peri	od
Name of Institution	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	
Name of Organization			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

-				
-				
-				
-				
l.]	Pub	blications (if list is long s	same be appended)	
	((a) Articles :		
	((b)Research Papers :		
		o)resculen rupers .		
	((c) Books etc. :		
		ditional remarks, if any, included elsewhere.	on any item considered r	elevant and important by the candidate
3.]	PRI	ESENT POSITION :		
((a)	Name of the institution	or	
		organization where wo	rking	
((b)	Designation :		
((c)	Nature of appointment	:	
		(Temporary / Permaner	nt / Part-time/ Full-time)	
((d)	Date of appointment :		
((e)	Date of Confirmation :		
	(f)	Salary (Attach last pay		
	(1)	Present Salary Scale/Pa	•	
		-	Rs	Grade : - Rs
		Allowance	Rs	plu
				Admissible Allowances

3

14. 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).

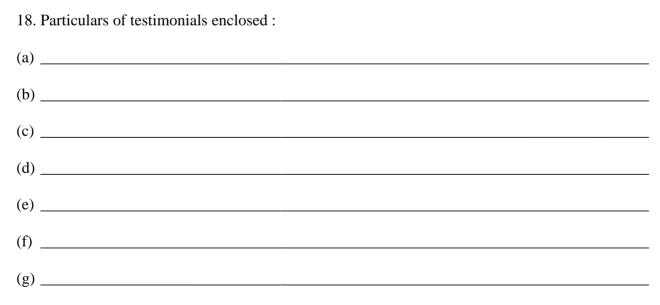
Name	Full address
1)	

2)	

15. Date when you can join, if selected : _____

16. Registration No. given by the Employment exchange, if registered with them _____

17. 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



I hereby confirm that all the information given in the application is correct :

Date :

(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. 2/2016 on the website of the University <u>www.sndt.ac.in</u>.

Place : Mumbai Date :

Name & Signature of the Candidate:

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 a duly recommended.

Yours faithfully,

(Name & Signature of Employer) Seal :

Place :	Mumbai
Date :	

DECLARATION OF SMALL FAMILY

FORM – 'A'

(See Rule – 4)

1. Sh	ri./Smt./Kum son/				
da	ughter/wife of Shri				
ag	ed 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 th March, 2005 is (Mention dates of birth, if any) Date of Birth of children who born after 28th 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 th 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	(Desig	nation)		is a confirmed emple	oyee of this		
(Organizati	on nan	ne)		·	This office		
has NO OB	JECTIO	N in his / her apply	ing for the post of		at		
the S.N.D.T. Women's University, Mumbai in response to the advertisement in newspaper							
Indian Exp	ress/ Lo	oksatta dated		_ and to appear for in	nterview (if		
called). The	ere is r	no vigilance/discipli	nary case either pe	ending or contempla	ted against		
him/her.							

Signature of Head of the Department/ Forwarding Authority.

Place : _____

Date : _____