

S. 28(2)(s)

Form No:

UNIVERSITY OF MUMBAIAffix recent
passport size
photograph**FORM OF ENROLMENT FOR THE UNIVERSITY TEACHERS**

Application for the Full time University Teachers for the purpose of enrollment of name in the Electoral Roll of **University Teachers** Constituency for the purpose of election to the Senate under Section 28(2)(s) of the Maharashtra Public Universities Act, 2016.

1.	Name of the Teacher in full (beginning with surname in Capital letters)	Dr./Shri/Smt. _____ _____
2.	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
3.	Date of Birth	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (day) (month) (year) (in words)
4.	Full Name & Address of the College/Institution/Department	_____ _____ _____
5.	Designation	_____
6.	Subject of Specialization	_____
7.	Date of joining as a regular University Teacher and details of appointment of letter (Please enclose a copy of the University letter of appointment as a University teacher)	Date of Joining _____ Appointment letter No: _____ Date. _____ Post :- _____
8.	Date of Superannuation	<input type="checkbox"/> <input type="checkbox"/> (day) (month) (year) (in words)

9	Educational Qualification		Nomenclature	Month & Year of Passing
		Bachelor's Degree :		
		Master's Degree :		
		M.Phil :		
		Ph.D :		
		Other Qualification :		
10	Total Teaching experience as a regular Teacher	Name of the College/Department	Year Form --- To ---	Total Period
11	Address for correspondence (with pin code)	_____ _____ _____ _____		
12	Telephone No.	Office :		
		Residence :		
		Mobile :		
		e-mail :		
P.S. - A copy of University appointment order as a University Teachers must be accompanied along with this form. A Passport size photo should be affixed on the top of the form.				

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DECLARATION

I state that all the above entries are correct.

Date _____ (Signature)
University Teacher

I certify that all the above entries filled by Shri/Smt/Prof/Dr. _____ are correct. I also certify that the above mentioned University Teacher who is full time teacher appointed by the University satisfies all requirements laid down under section 2 (19) & (68).

Date: _____ Signature of the
Director/Head/Principal of the
Department/Institution/Conducted Colleges

Seal of the
Department/Institution/Conducted Colleges
