

S. 28(2)(r)
S. 32(3)(g)

Form No: _____

UNIVERSITY OF MUMBAI



Affix recent
passport size
photograph

FORM OF ENROLMENT FOR THE TEACHERS

Application for the full time approved Teachers for the purpose of enrollment of name in the Electoral Roll of **Teachers** Constituency for the purpose of election to the Senate 28(2)(r) and Academic Council under Section 32(3)(g) 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="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (day) (month) (year) (in words)
4.	Full Name & Address of the College/Institution/ Department	_____ _____ _____
5.	Designation	_____
6.	Subject of Specialization	_____
7.	Date of appointment as a Teacher as approved by the University	_____ _____ _____
8.	Details of Approval letter (Please enclose a copy of the University letter approving the appointment as a Teacher)	Letter No. : _____ Date : _____ Post : _____
9.	Date of Superannuation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (day) (month) (year) (in words)

10.	Educational Qualification		Nomeneclature	Month & Year of passing
		Bachelor's Degree :		
		Master's Degree :		
		M.Phil :		
		Ph.D :		
		Other Qualification :		
11.	Total Teaching Experience as a full time approved Teacher	Name of the College	From - To	Total Period
12.	Faculty to which belongs Please Mark in <input checked="" type="checkbox"/> put Appropriate box. *List of subjects under these Faculties is enclose	<input type="checkbox"/> Science & Technology <input type="checkbox"/> Commerce & Management <input type="checkbox"/> Humanities <input type="checkbox"/> Inter-disciplinary Studies		
		<hr/> <hr/> <hr/> <hr/>		
13.	Address for correspondence (with pin code)	<hr/> <hr/> <hr/> <hr/>		
14.	Telephone No.	Office :		
		Residence :		
		Mobile :		
		e-mail :		
<i>P.S.- A copy of University's approval letter must be accompanied along with this form. A Passport size photo should be affixed on the top of the form.</i>				

DECLARATION

I state that all the above entries/information given by me are correct.

Date -----

(Signature of the Teacher)

(TO BE CERTIFIED BY THE PRINCIPAL OF THE COLLEGE/ SECRETARY OF THE TRUST/SOCIETY/DIRECTOR/HEAD OF THE INSTITUTION)

I certify that all the above entries filed in by the Shri/Smt./Prof./ Dr. _____ are correct. I further certify that the above mentioned teacher who is duly appointed by our Management and working in the College/ Institution satisfies all the requirements laid down under Section 2(18) & 2(61) and Section 28(2)(r) and 32(3)(g) of the Maharashtra Public Universities Act, 2016.

Date: -----



Signature of the Principal of the College/ Director/ Head of the Institution/Secretary of the Trust/Society