

S.40(2)(c)

**UNIVERSITY OF MUMBAI**

Form No: \_\_\_\_\_

Affix recent  
passport size  
photograph**FORM OF ENROLLMENT FOR THE HEAD OF DEPARTMENTS**

To be filled in by the Head of the Departments for the purpose of enrollment of name in the Electoral Roll of the Head of the Departments Constituency for the purpose of election to the Board of Studies section 40.(2) (c), of the Maharashtra Public Universities Act, 2016.

1.	Name of the Head of Department in full (In capital letters beginning with surname)	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.	Date on which Designation as HOD and Department	Date : _____
6.	Subject/s taught	_____ _____
7.	Date of appointment as a Teacher (Please enclose a copy of the University's approval letter)	_____
8.	Details of Approval Letter	Letter No. : _____ Date : _____ Post : _____
9.	Faculty to which belongs  Please put <input checked="" type="checkbox"/> Mark in <input type="checkbox"/> 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
10.	Date of Superannuation	<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)

**P.T.O.**

11.	Educational Qualification		Nomenclature	Month & Year of passing
		Bachelor's Degree :		
		Master's Degree :		
		M.Phil :		
		Ph.D :		
Other Qualification :				
12.	Total Experience as a HoD	Name of the College	From - To -	Total Period
13.	Address for correspondence (with pin code)	<hr/> <hr/> <hr/>		
14.	Telephone No.	(Office) :		
		(Residence) :		
		(Mobile) :		
		(e-mail ID) :		

I

**DECLARATION BY THE HEAD OF THE DEPARTMENT**

I hereby declared that the information given above by me in the form is true and correct and is governed by the provision of Section 64 of the Maharashtra Public Universities Act, 2016.

Place -----

Date -----

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(Signature)

Head of the Department

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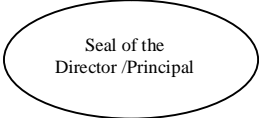
**TO BE CERTIFIED BY THE PRINCIPAL OF THE COLLEGE**

I certify that all the above entries are correct. I also certify that the above mentioned teacher who is working in the college designated as Head of the Department of \_\_\_\_\_ satisfies the requirements as laid down under Section 2(14) & 2(31) and Section 40(2)(c), of the Maharashtra Public Universities Act, 2016.

Place: -----

Date: -----

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 Signature of the Principal  
 Of the College/Director


 Seal of the  
 Director /Principal