

S. 28(2)(O)

Form No:

**UNIVERSITY OF MUMBAI**

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**FORM OF ENROLLMENT FOR THE PRINCIPAL**

Application for the approved Principal for the purpose of enrollment of name in the Electoral Roll of **Principal** Constituency for the purpose of elections to the Senate under Section 28(2)(O) of the Maharashtra Public Universities Act, 2016.

|     |   |  |  |   |
|-----|---|--|--|---|
| 1.  | Name of the Principal in full<br>(In capital letters beginning with surname)  | Dr./Shri/Smt. _____<br>_____<br>_____              |  |   |
| 2.  | Gender  | Male <input type="checkbox"/>                      | Female <input type="checkbox"/>                      | Other <input type="checkbox"/>  |
| 3.  | Date of Birth   | <input type="text"/> <input type="text"/><br>(day) | <input type="text"/> <input type="text"/><br>(month) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>(year) |
|     |   | (in words)   |  |   |
| 4.  | Full Name & Address of the College  | _____<br>_____<br>_____                            |  |   |
| 5.  | Subject of specialization   | _____<br>_____                                     |  |   |
| 6.  | Date of appointment/ tenure of appointment as a Principal approved by the University                                    | _____<br>_____<br>_____                            |  |   |
| 7.  | Details of Approval letter<br>(Please enclose a copy of the University letter approving the appointment as a Principal) | Letter No. :<br>Post :                             | Date :   |   |
| 8.  | Date of Superannuation  | <input type="text"/> <input type="text"/><br>(day) | <input type="text"/> <input type="text"/><br>(month) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>(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 Experience as a Principal   | Name of the College                                | From - To -  | Total Period  |
|     |   |  |  |   |

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|     |   |                         |
|-----|---|-------------------------|
| 11. | Address for correspondence<br>(with pin code) | _____<br>_____<br>_____ |
| 12. | Telephone No.                                 | Office :                |
|     |   | Residence :             |
|     |   | Mobile :                |
|     |   | e-mail :                |

**DECLARATION**

I state that all the above entries are correct.

Date -----

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(Signature of Principal)

**To be certified by the Chairman/ President/Secretary of the Trust/Society.**

I certify that all the above entries filled by Dr./Shri/Smt./Prof. \_\_\_\_\_ are correct. I also certify that the above mentioned Principal who is working in the college satisfies all the requirements laid down under section 2(17) & (44).

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



\_\_\_\_\_  
Signature of the Chairman/President/  
Secretary of the Management/Trust/  
Society which runs the College