



RASHTRASANT TUKADOJI MAHARAJ NAGPUR UNIVERSITY

NOMINATION OF ONE REPRESENTATIVE OF MANAGEMENT TO THE ACADEMIC COUNCIL BY ELECTORAL ROLL OF THE MEMBERS OF THE SENATE FROM AMONGST THE REPRESENTATIVES OF MANAGEMENT WHO ARE THE MEMBERS OF SENATE (AS PER SECTION 32(3)(h) OF THE MAHARASHTRA PUBLIC UNIVERSITIES ACT, 2016).

**INFORMATION REGARDING ELIGIBILITY FOR NOMINATION
(TO BE SUBMITTED BY THE CANDIDATE ALONGWITH THE NOMINATION PAPER)**

1. Full Name of the candidate : _____
(Block letters) (As appeared in the Electoral Roll)
2. Address for correspondence: - _____

3. E-mail Address- _____ Mobile No. _____
4. Date of Birth:

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5. *Category with caste : _____
(SC/ST/DT-NT/OBC/OPEN)
6. Voter No. in the Electoral Roll _____.
7. Name of the Management represented by the candidate :- _____

8. Office Address of Management: - _____

9. E-mail Address of the Management: _____ Phone No. _____
10. *Registration No. of the Education Society (Under Maharashtra Public Trusts Act or Societies Registration Act 1860 or under Section 8 of the Companies Act, 2013): - _____
11. No. of Affiliated Colleges being run by the Management : - _____
12. *Details of certification of Accreditation by National Assessment and Accreditation Council or National Board of Accreditation of any one of the Affiliated Colleges or Institutions run by the management of the College/Institute : -

Name of the Affiliated College	Name of the accrediting body	Period of validity of Accreditation	
		From	To

13. *Details of Bachelor's Degree :-

Name of Degree	Name of the University conferring the Degree	Date of the Degree

14. *Details of membership of Governing Body/Management Committee of the Management for the required period of two years :-

Name of the Post (Designation)	Date of Election	Period (Term)		Total
		From	To	

DECLARATION

I, hereby declare that I am not disqualified for being a member of Academic Council of the University under the provisions of section 64 of the Maharashtra Public Universities Act, 2016 . I, hereby further declare that all information submitted in this profile is true, complete and correct to the best of my knowledge and belief. I accept that in the event any information is subsequently found to be false, incomplete or incorrect, my nomination shall automatically cease and I shall cease to be member of the body/authority on which I am nominated.

Place:-----

Date: -----

(Signature of the Candidate)