To,
1. The Principals of all affiliated Colleges.
2. The Directors of all recognized Institutions.

**Subject**: Students’ Council of the College or Institution 2015-2016.

Sir/Madam,

Under the provisions of Section 40 (2) (b) of the Maharashtra Universities Act, 1994 there shall be a Students’ Council for each affiliated college, recognized institution consisting of the following members:

i) Principal / Director – Chairman

ii) One Lecturer, nominated by the Principal

iii) Teacher in-charge of National Cadet Corps

iv) National Service Scheme Programme Officer

v) One student from each class, who has shown academic merit at the examination held in the preceding year and who is engaged in fulltime studies in the College nominated by the Principal; or Director

vi) Director of Sports and Physical Education, if any

vii) One student from each of the following activities, who has shown outstanding performance, nominated by the Principal, namely:

1. Sports
2. National Service Scheme and Adult Education
3. National Cadet Corps
4. Cultural Activities

viii) Two lady student members nominated by the Principal/Director
(Provided that two of the students from the categories (vii) and (viii) shall be those belonging to the Scheduled Castes or Scheduled Tribes or Denotified Tribes (Vimukta Jatis) or Nomadic Tribes or Other Backward Classes.) One Lecturer to be nominated by the Principal from the category (ii) may preferably be a Students' Welfare Officer (SWO).

As per sub-section 5 of Section 40 of Maharashtra Universities Act, 1994 a student shall be eligible to be, or continue to be, a member of any of the Students’ Council, only if he is enrolled as a full time student.

You are, therefore, requested to constitute the Students’ Council of your college/institution as per the provisions 40 (2) (b) mentioned above and to elect one student representative from amongst themselves as the Secretary under the sub-section 3 of Section 40 of Maharashtra Universities Act, 1994 on **Monday, 10th August, 2015.**

Please note that, if there is any amendment in the Maharashtra Universities Act, 1994 & Statute regarding election of the Students' Council, it will be binding on you.

The name and particulars of the elected Secretary may please, be communicated to the Director of Students’ Welfare of the University on or before **Monday, 24th August, 2015** positively, without fail in the enclosed format (Necessary Certificates be enclosed wherever necessary).

The name of the Secretary so elected received after **Monday, 24th August, 2015** will not be accepted.

Thanking you,

(IMPORTANT NOTE: As per Maharashtra Universities Act, 1994 the formation of Students’ Council is mandatory for every affiliated college & recognized institution of Savitribai Phule Pune University.)

Encl : Format.

Yours faithfully,

DIRECTOR,
BOARD OF STUDENTS’ WELFARE
FORMAT
(Under Section 40 (3) of the Maharashtra Universities Act, 1994)

Information regarding the Secretary of the College/Recognised Institutions Students’ Council elected from amongst themselves for the academic year 2015 – 2016.

1) Name in Full (begining with Surname) : -------------------------------------

2) Name in Devnagari Script (मराठी) : ----------------------------------------------

3) E-mail ID of Student : -----------------------------------------------

4) Mobile No. of Student : -----------------------------------------------

5) Date of Birth : ------------------- Com. Age : --------Yrs.

6) Gender : Male ☐ / Female ☐

7) Details of Previous University examination
   passed.
   Examination : --------------
   Year of Passing : --------------
   Percentage of marks : --------------

8) University Examination for which
   enrolled during the current year
   -----------------------------------------------

9) Category (SC/ST/DTNT/ OBC/OPEN) : -----------------------------------------------

10) Name of the College/ Recognized Institution:
   Address & Contact Number.
   -----------------------------------------------

11) Other relevant Information
    (Participation in Curricular/Co- curricular/Extension activities or any other activities.
    Attach self attested certificate of the same)
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I hereby certify that the above information is personally verified from the office record and is correct to the best of my knowledge and belief.

Date : -----------------------------  Signature of the Principal / Head of
                                           the Department/ Director of the
                                           Institution

Place : -----------------------------

SEAL