

Form Fee : Rs. 20/-

No. _____



UNIVERSITY OF PUNE

Examination for the Intensive Certificate/Diploma in Foreign Languages

To,
THE REGISTRAR, UNIVERSITY OF PUNE,
Ganeshkhind, Pune-411007.

Sir,
I request permission to present myself at the ensuing Examination at the Center for the Intensive Certificate/
Diploma Course in* Languages to be held in December / May 20

Place :

Yours faithfully,

Date :

(Signature)

I. PERSONAL DETAILS

Name in Full (In CAPITAL LETTERS)
Surname Name Father's/Husband's Name

(In Devanagari Script)

Male / Female Mother's Name

Regular student OR ex-Student Regular Seat No. (for Ex-Student only)

Date of passing S.S.C. Examination of Maharashtra State Board or equivalent }

Residential Address

..... Phone No.

*Insert one of the following languages :

- 1. FRENCH
- 2. GERMAN
- 3. JAPANESE
- 4. RUSSIAN
- 5. SPANISH

.....
(Signature of the Class-Teacher)

Place :

Date :

.....
Signature of the Head of the
Department of Foreign Languages

With Super Late Fee Rs. 1200/-

(FOR THE BANK) A

BANK OF MAHARASHTRA
Pune University Campus Branch Only



Foreign Languages Dept. Code No. 019

Paid into the credit of UNIVERSITY
OF PUNE the sum of Rs. 1850/-
(In Words) One Thousand Eight
Hundred & Fifty Only.

Particulars	Code	Rs.	Ps.
Examination Fee	101001	420	00
Statement of Marks	113003	70	00
C. A. P.	113031	70	00
Passing Certificate	113039	70	00
Super Late Fee	113005	1200	00
Exam. Form Fee	105004	20	00
Total	Total	1850	00

Name of the Student (In Full, Block Letters)

Academic Year _____

Course : Intensive Diploma in
German

Date : _____
Place _____

Seal of the Bank

(FOR THE UNIVERSITY) B

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Academic Year _____

Course : Intensive Diploma in
German

Date : _____
Place _____

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(FOR THE CANDIDATE) C

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Please Accept Rs. 1850/-
Sign. & Date :



(To be attached to the application) D

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