

Examination Form Fee : ₹ 20/-

(To be paid with examination fees)



SAVITRIBAI PHULE PUNE UNIVERSITY
DEPARTMENT OF FOREIGN LANGUAGES

Examination for the **Intensive Certificate** Course in French / German / Spanish

To,
The Controller of Examinations,
Savitribai Phule Pune University, Pune – 411 007.

Sir,
I desire to appear for the examination for the Intensive Certificate Course in _____ Language to be held in _____ 20_____.

I hereby declared that I shall not claim any concession on religious ground.

Place :

Yours faithfully,

Date :

(Signature of Student).....

PERSONAL DETAILS

Name In full (CAPITAL LETTERS).....
Surname Name Father's/Husband'sName Mother's Name

(Name in Devanagari Script)

Male / Female

Regular or Ex-student Seat No.(For Ex-student only) P.R. No.....

Date of Passing S.S.C. Examination of Maharashtra State Board or Equivalent

Residential Address

Mobile No. Phone No. (Res./Office)

CERTIFICATE

Certified that Shri. / Smt. has attended during one term, the course appointed for this examination, as specified hereunder:

Terms	Number of Days	Percent (%)	Remark
FromAug - 20 toDec.-20			

Place :

Date :

Signature of Class Teacher

Head
Dept. of Foreign Languages
Savitribai Phule Pune University

Without late Fee Challan



This challan is valid till dt. 08/11/2014 only.



Please Accept Rs. 620/-
Sign. & Date :

(FOR THE BANK) **A**

BANK OF MAHARASHTRA
Savitribai Phule Pune University Campus
Branch Only

Foreign Languages Dept. Code No. 019

Paid into the credit of Savitribai
Phule Pune University the sum of
Rs. 620/-
(In Words) **Six Hundred &
Twenty Only.**

Particulars	Code	Rs.	Ps
Examination Fee	101001	390	00
Statement of Marks	113003	70	00
C. A. P.	113031	70	00
Passing Certificate	113039	70	00
Exam. Form Fee	105004	20	00
Total		620	00

Name of the Student (In Full, Block Letters)

Academic Year _____

Course : **Intensive Certificate in
German / French / Spanish**

Date :

Place

Seal of the Bank

(FOR THE UNIVERSITY) **B**

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Exam. Form Fee	105004	20	00
Total		620	00

Name of the Student (In Full, Block Letters)

Academic Year _____

Course : **Intensive Certificate in
German / French / Spanish**

Date :

Place

Seal of the Bank

(FOR THE CANDIDATE) **C**

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Exam. Form Fee	105004	20	00
Total		620	00

Name of the Student (In Full, Block Letters)

Academic Year _____

Course : **Intensive Certificate in
German / French / Spanish**

Date :

Place

Seal of the Bank

(To be attached to the application) **D**

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