

**Examination Form Fee : ₹ 20/-**  
(To be paid with examination fees)



**With Late Fee Rs. 110/-**

**SAVITRIBAI PHULE PUNE UNIVERSITY**  
**DEPARTMENT OF FOREIGN LANGUAGES**

Examination for the **Certificate** Course in French / German / Spanish / Russian / Japanese

To,  
The Controller of Examinations,  
SAVITRIBAI PHULE PUNE UNIVERSITY, Pune – 411 007.

Sir,

I desire to appear for the examination for the 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's Name 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 two terms, the course appointed for this examination, as specified hereunder:

| Terms   | Number of Days | Percent (%) | Remark |
|---|----------------|-------------|--------|
| From .....Aug - 20 ..... to .....Jan-20 ..... |                |             |        |

Place : .....

Date : .....

Signature of Class Teacher

Head of the Department  
Dept. of Foreign Languages  
SAVITRIBAI PHULE PUNE UNIVERSITY

**With late Fee Rs. 110/-**



(FOR THE BANK) **A**

**BANK OF MAHARASHTRA**  
Pune University Campus Branch Only

Foreign Languages Dept. Code No. 019

Paid into the credit of Savitribai Phule  
Pune University the sum of Rs. **565/-**  
(In Words) **Five Hundred & Sixty**  
**Five Only.**

| Particulars         | Code         | Rs.        | Ps.       |
|---------------------|--------------|------------|-----------|
| Examination Fee     | 101001       | 210        | 00        |
| Statement of Marks  | 113003       | 75         | 00        |
| C. A. P.            | 113031       | 75         | 00        |
| Passing Certificate | 113039       | 75         | 00        |
| Exam. Form Fee      | 105004       | 20         | 00        |
| Late Fee            | 113005       | 110        | 00        |
|                     | <b>Total</b> | <b>565</b> | <b>00</b> |

Name of the Student (In Full, Block Letters)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Year \_\_\_\_\_

Course : **Certificate in German /**  
**French / Russian/ Japanese/**  
**Spanish**

Date :

Place

**Seal of the Bank**

**This challan is valid till dt. 09/02/2016 only.**



(FOR THE UNIVERSITY) **B**

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|                     | <b>Total</b> | <b>565</b> | <b>00</b> |

Name of the Student (In Full, Block Letters)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Year \_\_\_\_\_

Course : **Certificate in German /**  
**French / Russian/ Japanese/**  
**Spanish**

Date :

Place

**Seal of the Bank**

(FOR THE CANDIDATE) **C**

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Name of the Student (In Full, Block Letters)

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\_\_\_\_\_  
\_\_\_\_\_

Academic Year \_\_\_\_\_

Course : **Certificate in German /**  
**French / Russian/ Japanese/**  
**Spanish**

Date :

Place

**Seal of the Bank**

Please Accept Rs. 565/-

Sign. & Date :

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

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Name of the Student (In Full, Block Letters)

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\_\_\_\_\_  
\_\_\_\_\_

Academic Year \_\_\_\_\_

Course : **Certificate in German /**  
**French / Russian/ Japanese/**  
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Date :

Place

**Seal of the Bank**