

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 **Diploma** 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 **Diploma** Course in _____ Language to be held in _____ 20_____.

Place :

Yours faithfully,

Date :

(Signature of Student).....

PERSONAL DETAILS

(Application for South Indian & Upcountry's should write the Name as should appear on the University Record).

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.....

Name of qualifying examination & date of passing

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
FromAug - 20 toJan-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. **615/-**
(In Words) **Six Hundred & Fifteen**
Only.

Particulars	Code	Rs.	Ps.
Examination Fee	101001	260	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
	Total	615	00

Name of the Student (In Full, Block Letters)

Academic Year _____

Course : **Diploma 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**

BANK OF MAHARASHTRA
Pune University Campus Branch Only

Foreign Languages Dept. Code No. 019

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Exam. Form Fee	105004	20	00
Late Fee	113005	110	00
	Total	615	00

Name of the Student (In Full, Block Letters)

Academic Year _____

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

Date :

Place :

Seal of the Bank

(FOR THE CANDIDATE) **C**

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	Total	615	00

Name of the Student (In Full, Block Letters)

Academic Year _____

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

Date :

Place :

Seal of the Bank

Please Accept Rs. 615/-

Sign. & Date :

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

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