



University of Pune

4th & 5th Year Combined Form

P.R. No.

Seat No.

Year October / April

FOURTH YEAR AND FIFTH YEAR EXAMINATION IN B.Arch. (Interior Design)

Unipune ID No.

(Number given by Eligibility Section)

To,
The Controller of Examinations,
University of Pune, Pune-411007.

Respected Sir,

I request permission to present myself for the Fourth Year and Fifth Year Examination in Architecture (Interior Design) to be held in Oct. / Nov. / April / May 20 and pay herewith the prescribed fees. I am aware that the acceptance of this form and the examination fees does not mean permission to appear for the examination and that my name is likely to be relegated if I fail to complete the sessional work to the satisfaction of the Principal or fail to put in the necessary attendance at the College as prescribed by the University of Pune. I am submitting herewith the relevant details pertaining to the examination.

Date :

.....

Signature of the Candidate.

NSS	NCC	NPED	AED	TOURNAMENTS			Not Applicable
				IU	N	IN	
1	2	3	4	5	6	7	8

SC	ST	OBC	DT	NT	Not Applicable
C	T	O	D	N	

Name in full :
(in CAPITAL LETTERS) Surname Name Father's/Husband's Name Mother's Name

SOUTH INDIANS / OTHER SHOULD ENTER THE NAME IN USUAL FORM

Also in Devanagari Script :

Name of the College of Architecture :

F.Y.B.Arch. (I.D.) Passed in April / October 20

Male

S.Y.B.Arch. (I.D.) Passed in April / October 20

Female

T.Y.B.Arch. (I.D.) Passed in April / October 20

Fourth Year B.Arch. (I.D.) Passed or A.T.K.T. in April / October 20

Month & Year of Joining the Fifth Year B.Arch. (Interior Design) :

Address for Correspondence :

Permanent Address :

[P.T.O.]

(2) Fourth Year & Fifth Year B.Arch. (Interior Design)

I desire to appear for the following Theory Papers / Sessional Work (tick (✓) mark in appropriate box) :

Sr. No.	Name of Subject IV th YEAR	PP	SS	Name of Subject V th YEAR	PP	SS
1	Interior Design	<input type="checkbox"/>	<input type="checkbox"/>	Practical Training		<input type="checkbox"/>
2	Construction Services & Materials IV	<input type="checkbox"/>	<input type="checkbox"/>	Professional Practice II	<input type="checkbox"/>	
3	Furniture Design II		<input type="checkbox"/>	Allied Elective		<input type="checkbox"/>
4	Technology Elective		<input type="checkbox"/>	Part Time Practical Training		<input type="checkbox"/>
5	Design Elective		<input type="checkbox"/>	Thesis (Interior Project)		<input type="checkbox"/>
6	Professional Practice I		<input type="checkbox"/>			
7	Management Elective		<input type="checkbox"/>			
8	Dissertation		<input type="checkbox"/>			

Complete which is applicable and strike which is not applicable :

- (a) This is my Attempt for fifth Year Architecture Examination.

Details of previous attempts :

Attempt	Month & Year of Exam. in which failed	Seat No.
.....	Oct. / Nov. / March / April 20
.....	Oct. / Nov. / March / April 20
.....	Oct. / Nov. / March / April 20

- (b) I have appeared in Oct./Nov./March/April 20 for the first time for Fifth Year B.Arch. Examination.
(c) I am simultaneously appearing for Fourth Year and Fifth Year Examination (Interior Design).

Date :

.....
Signature of the Candidate.

C E R T I F I C A T E

(To be signed by the Principal of the College of Architecture at which candidate is studying.)

I hereby certify that Shri./Smt.....
has attended during the academic year 20 – 20 the requisite Number of Days, Lectures and Studio Periods for Fourth Year B.Arch. and Fifth Year B.Arch. (Interior Design).

It is further certified that he / she has completed his/her prescribed set of sessional work, required for the subject as on this date. Any contravention found in this connection at a later date will be informed to the University authorities before the commencement of the examination for necessary action.

Place :

Date :

Signature of the Principal
with Seal