



# University of Pune

## 4<sup>th</sup> & 5<sup>th</sup> Year Combined Form

P.R. No.

Seat No.

Year October / April

### FOURTH YEAR AND FIFTH YEAR EXAMINATION IN B.Arch. (Revised 2003 Course) (Annual Pattern)

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 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. Passed in April / October 20

Male

	1
	2

S.Y.B.Arch. Passed in April / October 20

Female

T.Y.B.Arch. Passed in April / October 20

Fourth Year B.Arch. Passed or A.T.K.T. in April / October 20

Month & Year of Joining the Fifth Year B.Arch. : .....

Address for Correspondence : .....

Permanent Address : .....

[P.T.O.]

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

Subject Code	Name of Subject	PP	SS	Subject Code	Name of Subject	PP	SS
413443	Architectural Design IV	<input type="checkbox"/>	<input type="checkbox"/>	513451	Practical Training		<input type="checkbox"/>
413444	Bldg. Construction & Materials IV	<input type="checkbox"/>	<input type="checkbox"/>	513452	Allied Elective II		<input type="checkbox"/>
413445	Town Planning		<input type="checkbox"/>	513453	Professional Practice	<input type="checkbox"/>	<input type="checkbox"/>
413446	Technology Elective (Term I)		<input type="checkbox"/>	513454	Contract Management		<input type="checkbox"/>
413447	Design Elective (Term I)		<input type="checkbox"/>	513455	Architectural Project		<input type="checkbox"/>
413448	Management Elective (Term II)		<input type="checkbox"/>				
413449	Allied Elective I (Term II)		<input type="checkbox"/>				
413450	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 :

<i>Attempt</i>	<i>Month &amp; Year of Exam. in which failed</i>	<i>Seat No.</i>
.....	Oct. / Nov. / March / April 20	.....
.....	Oct. / Nov. / March / April 20	.....
.....	Oct. / Nov. / March / April 20	.....

- (b) I have appeared in Oct./Nov./March/April 200 for the first time for Fifth Year B.Arch. Examination.
- (c) I am simultaneously appearing for Fourth Year and Fifth Year Examination.

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.

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