



University of Pune

P.R.No.

Seat No.

Year April/October 20

FOURTH YEAR EXAMINATION IN B.Arch. (Interior Design) (Revised 2008 Pattern) EXAMINATION FORM

Seal of the College

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 (Revised 2008 Pattern) 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.

PERSONAL DETAILS

NSS	NCC	NPED	AED	TOURNAMENTS			Not Applicable	SC	ST	OBC	DT	NT	Not Applicable
				IU	N	IN							
1	2	3	4	5	6	7	8	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 or A.T.K.T. in April / October 20

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

Address for Correspondence:

Permanent Address :

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

Sr. No.	Name of Subject	Head	Subject Code	Term I	Term II
1	Architectural Project-I	SS	413441	<input type="checkbox"/>	
2	Architectural Project-II	SV	413442		<input type="checkbox"/>
3	Architectural Design-IV a	SV	413443	<input type="checkbox"/>	
4	Architectural Design-IV b	Paper	413444		<input type="checkbox"/>
5	Advanced Construction, Materials & Services	SV	413425	<input type="checkbox"/>	<input type="checkbox"/>
6	Elective I & II	SS	413426	<input type="checkbox"/>	
7	Elective III & IV	SS	413427		<input type="checkbox"/>
8	Interior Design Theory & Practice a	SS	413445	<input type="checkbox"/>	<input type="checkbox"/>
9	Interior Design Theory & Practice b	Paper	413446		<input type="checkbox"/>
10	Professional Practice a	SS	413430	<input type="checkbox"/>	<input type="checkbox"/>
11	Professional Practice b	Paper	413431		<input type="checkbox"/>
12	Town Planning	SS	413447	<input type="checkbox"/>	
13	Contemporary Architecture	SS	413448		<input type="checkbox"/>

Complete which is applicable and strike which is not applicable :

(a) This is my Attempt for Fourth Year 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 Fourth Year B.Arch.(I.D.) Examination.

(c) I am simultaneously appearing for Third Year and Fourth 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 the Fourth 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