



University of Pune

P.R.No. Seat No. Year April/October 20

FOURTH YEAR EXAMINATION IN B.Arch.

(Interior Design)

EXAMINATION FORM

Seal of the College

Examination Fee

For Whole Examination **Rs. 480/-**[Note : Rs. 190/- per Backlog Paper subject to
the maximum of Rs. 480/- + Exam. Form Rs. 30/-]To,
The Controller of Examinations,
University of Pune,
Pune-411007.

Respected Sir,

I request permission to present myself for the Fourth 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.

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 March / October 200

Male

S.Y.B.Arch.(I.D.) Passed in March / October 200

Female

T.Y.B.Arch.(I.D.) Passed or A.T.K.T. in March / October 200

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) :

<i>Sr. No.</i>	<i>Name of Subject</i>	<i>Paper</i>	<i>Sessional</i>
1	Interior Design	<input type="checkbox"/>	<input type="checkbox"/>
2	Construction, Services & Materials IV	<input type="checkbox"/>	<input type="checkbox"/>
3	Furniture Design II		<input type="checkbox"/>
4	Technology Elective		<input type="checkbox"/>
5	Design Elective		<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 Fourth Year Examination.

Details of previous attempts :

<i>Attempt</i>	<i>Month & Year of Exam. in which failed</i>	<i>Seat No.</i>
.....Oct. / Nov. / March / April 200
.....Oct. / Nov. / March / April 200
.....Oct. / Nov. / March / April 200

(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