



University of Pune

P.R.No.

Seat No.

Year October/April

FOURTH YEAR EXAMINATION IN BACHELOR OF DESIGN (Furniture Design) EXAMINATION FORM

Seal of the College

UNIPUNE ID No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(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 VII Semester/VIII Semester Examination in B.Design to be held in Oct. / Nov. / April / May 200 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

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 / OTHERS SHOULD ENTER THE NAME IN USUAL FORM (i.e. as per XII or Equivalent Exam.Record)

Also in Devanagari Script :.....

Name of the College of Architecture :

F.Y.B.Des. Passed in April / October 20

Male

<input type="checkbox"/>	1
<input type="checkbox"/>	2

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

Female

T.Y.B.Des. Passed or A.T.K.T. in April / October 20

Month & Year of Joining the Fourth Year B.Des. :.....

Address for Correspondence:

Permanent Address :

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

TERM I		SS	OR	TERM II		SS	OR
413501	Industrial Training		<input type="checkbox"/>	413507	Graduation Project		<input type="checkbox"/>
413502	Elements of Form V		<input type="checkbox"/>				
413503	Design Project V		<input type="checkbox"/>				
413504	Design Management		<input type="checkbox"/>				
413505	Estimating and Costing	<input type="checkbox"/>					
413506	Colloquim Paper		<input type="checkbox"/>				
TOTAL OF SEM VII							

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 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 Fourth Year B.Des. Examination.
- (c) I am simultaneously appearing for V/VI/VII/VIII Semester Examination.
- (d) 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 200 -200 the requisite Number of Days, Lectures and Studio Periods for the Fourth Year B.Des.

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