



University of Pune

P.R.No.

Seat No.

Year April/October

FOURTH YEAR EXAMINATION IN BACHELOR OF DESIGN (Interior Design) 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 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 1

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

Female 2

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 (✓) mark in appropriate box) :

TERM I		SS	OR	TERM II		SS	OR
413642	Industrial Training		<input type="checkbox"/>	413649	Graduation Project		<input type="checkbox"/>
413643	Design & Working Drawing V		<input type="checkbox"/>				
413644	Design Management II		<input type="checkbox"/>				
413645	Construction Technology V		<input type="checkbox"/>				
413646	Building Services IV		<input type="checkbox"/>				
413647	Estimating & Costing	<input type="checkbox"/>					
413648	Colloquim Paper		<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 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