

**SECOND YEAR EXAMINATION IN BACHELOR OF DESIGN  
(Product Design)**



**University of Pune**

P.R. No.

Seat No.

Year : October / April 20

**Second Year Examination in B. Design**

**UNIPUNE ID No.**

(Number given by Eligibility Section)

To,  
THE CONTROLLER OF EXAMINATIONS,  
UNIVERSITY OF PUNE, Pune-411007.

Sir,  
I request permission to present myself for the Examination in Second Year Ist Term/IIInd Term Examination in B.Design to be held in October/April 200 , and pay herewith the prescribed fee ( ).

Yours faithfully,

Date : ..... 200 .

Signature : .....

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	

College : .....

Sex. : Male

	1
	2

Centre : .....

Female

Name : .....  
(In Capital Letters) Surname First 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)

Permanent Regn. No. (if applicable)

No. of Courses appearing\*\*

This is my ..... attempt for Second Year B.Des. Examination.

Last appearance at F.Y.B.Des. Month   Year   Seat No.

Last appearance at S.Y.B.Des. Month   Year   Seat No.

Whether simultaneously appearing for more than one Examination viz. [F.Y./S.Y.] or [S.Y./T.Y.] (please tick) : YES/NO

If "YES", give details : .....

\* The student who has participated in one of the extra-curricular activity should fill in the prescribed form for this purpose.

\*\*Paper / Practical / Term Work / Oral each is considered as separate course.

[Certificate to be signed by the Principal of the College of B.Design at which the Candidate has studied]

I certify that Shri. / Smt. ....

- (1) has attended adequate number of days required as per rules.
- (2) has completed to my satisfaction the prescribed Term Work/Oral Sessional work etc. in the subjects concerned.
- (3) is to the best of my knowledge and belief, a person of good conduct and has my permission to appear at the ensuing Second Year B. Design Examination.
- (4) 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.

I also certify that his / her statement as to his / her having passed in the Papers and / or Practicals, Term Work, Oral, etc. named above at a previous examination is correct.

Place : ..... Signature : .....

Date : ..... 200 Principal .....College with seal.

Address for Correspondence : .....

**Second Year B. Design Examination (Product Design)**

**Branch Code**

<i>Code</i>	<i>Name of Subject</i>				<i>Code</i>	<i>Name of Subject</i>			
<i>Term I</i>		<i>S</i>	<i>O</i>	<i>Term II</i>		<i>P</i>	<i>S</i>	<i>O</i>	
213508	Workshop Skills I	<input type="checkbox"/>		213518	Advanced Workshop Skills II		<input type="checkbox"/>		
213509	Elements of Form I		<input type="checkbox"/>	213519	Elements of Form II			<input type="checkbox"/>	
213510	Ergonomics I	<input type="checkbox"/>		213520	Ergonomics II	<input type="checkbox"/>	<input type="checkbox"/>		
213511	Materials and Processes I	<input type="checkbox"/>		213521	Materials and processes II	<input type="checkbox"/>	<input type="checkbox"/>		
213512	Exposure to Liberal Arts I	<input type="checkbox"/>		213522	Exposure to Liberal Arts II		<input type="checkbox"/>		
213513	Advanced illustration	<input type="checkbox"/>		213523	History	<input type="checkbox"/>	<input type="checkbox"/>		
213514	Computers I	<input type="checkbox"/>		213524	Computers II		<input type="checkbox"/>		
213515	Design Project I		<input type="checkbox"/>	213525	Design Project II			<input type="checkbox"/>	
213516	Model Making	<input type="checkbox"/>		213526	Elective I		<input type="checkbox"/>		
213517	Technical Drawing	<input type="checkbox"/>		213527	Seminar		<input type="checkbox"/>		