

P.R.No. Seat No.

University of Pune

THIRD YEAR EXAMINATION IN BACHELOR OF DESIGN (Product Design)

Year : October / April 20

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 Third Year Ist Term / IInd Term Examination in B. Design to be held in October/April 200 , and pay herewith the prescribed fee Rs. ().

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 myattempt for Third Year B. Design Examination.

Last appearance at F.Y.B.Design

details if applicable (pl. tick) Month Year

Last appearance at S.Y.B.Design

details if applicable (pl. tick) Month Year

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.

[P.T.O.]

[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 Practical Work including Laboratory work, Term 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 Third 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 PrincipalCollege.

Address for Correspondence :

Third Year B.Design examination (Product Design)

<i>Subject</i>			<i>Subject</i>		
TERM I			TERM II		
	S	O	P	S	O
313528	Craft Documentation	<input type="checkbox"/>	313536	Elective-II	<input type="checkbox"/>
313529	Elements of Form-III	<input type="checkbox"/>	313537	Elements of Form-IV	<input type="checkbox"/>
313530	Ergonomics-III	<input type="checkbox"/>	313538	Dissertation	<input type="checkbox"/>
313531	Material and Processes-III	<input type="checkbox"/>	313539	Material & Processes-IV	<input type="checkbox"/>
313532	Exposure to Liberal Arts-III	<input type="checkbox"/>	313540	Seminar	<input type="checkbox"/>
313533	Advanced Photography	<input type="checkbox"/>	313541	Design Project-IV	<input type="checkbox"/>
313534	Computers-III	<input type="checkbox"/>	313542	Computers-IV	<input type="checkbox"/>
313535	Design Project-III	<input type="checkbox"/>			