

UNIVERSITY OF PUNE

Application Form for Admission to the Examination for the Bachelor of Business Administration (B.B.A.)

	(Semester I, II, III, IV, V, VI)	For office	use only				
То		Batch &	Sr. No.				
10	THE CONTROLLER OF EXAMINATIONS,						
a.	university of pune, pune-411007.						
Sir,							
be he	I desire to appear for the examination for the FIRST/SECOND/THIRD/FOURTH/FIFTH/SIXTH Semester/s of the B.B. and in March/October 200 .	A. Degree Ex	amination t				
	I hereby declare that I shall not claim any concession on religious grounds.						
1.	Semester Combination appearing for : Tick the right combination : I II III IV V VI						
2.	Name of the College:						
3.	Name of the Centre:						
4.	Male Female Fresh Repeater 1 2 1 2						
	No. of Cou	rses / Subjec	ets				
	* Applicant from South India, U.P. Up-countries and Foreigners should write the name as it	Subject					
	should appear on University records. No change in the name will be made hereafter. [Attach a copy of Degree Certificate or Statement of Marks]						
			1				
5.	* Mention Full Name in legible BLOCK Letters : Exam. Fee						
	Statement of Surname Name Father's / Husband's Name (if necessary) Marks Fee:	R	s. 95/-				
	Passing Cert Mother's Name (while appea	ring for	ls. 95/-				
	Name in Devnagari Script		s. 95/-				
6.	Old Name, if any:						
7.	Sports activitites O.163 N.S.S. N.C.C. N.P.E.D. A.E.D. I.U.T. N.A. Learning Disability Blind Total Fee : R	s					
	1 2 3 4 5 6 L B						
8.	SCSTOBCDT/NTNot ApplicableCTOD						
9.	The Category, if the Exam. fee BC EBC Teacher's Fighter's ND/DT Personnel						
	is reimbursed by Govt. Children Children Children						
	B E P F N S						
10.	Year 20 Month & Seat No. For the previous Latest Appearance						
11							
11.	Permanent Registration Number of B.B.A. (Should be mentioned correctly.)						
12.	Name of of qualifying examination, Date of passing and the name of University:						
14.	Traine of of quantying examination, Date of passing and the name of Oniversity						
13.	Eligibility Certificate number and date, if applicable :						

Permanent Home Address:

Address for Correspondence:

EXAMINATION PARTICULARS

$Attach\ Attested\ True\ Copy\ of\ Marklist\ of\ Last\ B.B.A.\ Examination\ Along\ with\ Examination\ Form$

B.B.A. Semester I					B.B.A. Semester II Seat No.			
						Previous	PRN	
Cours No.	Title of the Sul	bject	Out of 20 Int.	Out of 80 Ext.	Course No. Title of	f the Subject	Out of 20 Int.	Out of 80 Ext.
102 103 104 105 106	Business Organisatio Business Economics Basic Business Math Business Environmer Financial Accounting Computer Fundament Management Total of Semeste	I ematics at			201 Management 202 Business Ecor 203 Basic Busines 204 Cost Account 205 Communication 206 Marketing Ma	ss Statistics ing on Skills unagement		
	Total of Semest	600			Total of Belliester II.	600		
B.B.A. Semester III Previous Seat PRN					B.B.A. Semes	ter IV Previous	Seat No. PRN	
Cours No.	e Title of the Sul	bject	Out of 20 Int.	Out of 80 Ext.	Course No. Title of	f the Subject	Out of 20 Int.	Out of 80 Ext.
302 303 304 305 306	Indian Economy Management Informa Management Accour Human Resource Ma Organisation of Beha Income Tax Research Methodolog Project Work out of 3 Viva-Voce out of 20	nting nagement & viour gy	30 20		403 Indirect Taxes 404 Services Man	echnology in Manag agement Operation Managen		
	Total of Semeste	er III600			Total of Semester IV	600		
B.B.A	. Semester V	Sea Previous —	t No.		B.B.A. Semes	ter VI Previous	Seat No.	
		PR	1			Tievious	PRN	
No.	Title of the Subject			Cour		ject		
501 502 503	Semester – V (600) Entrepreneurship an Business Managem Business Law International Busine	ent		otal at of 100 601 602 603	Agri-Business M	ons and Labour Law Management Materials Managem		Total O out of 100
504 505A 505B 506A	New Trends Personality Develop Sales Management (Analysis of Financia Retail Management	OR al Statements		605		Sales Promotion OF es	R	
506B	Long Term Finance			606	B Project/Cases in			
	Total of Semeste	er V600			Total of Semes	ster VI600		
DECLARATION I hereby declare that I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I WILL BE RESPONSIBLE for any errors and wrong or incorrect information supplied by me in the application form. I shall not request for special concession such as change in the time and / or day fixed for the University examination on religious or any other grounds. The Courses/Subjects mentioned by me are as per University rules and regulations. Yours faithfully,								
	Place	Date	e	рите	САТЕ	Si	ignature of the Can	didate
the car	ndidate are as per Univ	named candidate obtai in yearversity rules and regulat	ned the degreeand ions, to the bes	l is a regular/e at of my know	x-student of this Colledge and belief and	lege/Institute/Departr the entries made by	nent. The Courses m	entioned by
are correct. He/She has my permission to appear for examination for the subjects for which he/she has applied. He/She has presume for the number of days specified below, attached during two terms, the course of lectures appointed for this examination.								
		Геrms		Numb	er of Days	R	emarks	
From From		o October 20 o April 20						
	Place	Da	te	Stamp			rincipal/Head of the	