

Price : Rs. 30/-



UNIVERSITY OF PUNE

No. :

APPLICATION FOR ADMISSION TO THE DIPLOMA COURSE IN CONSUMER PROTECTION LAWS EXAMINATION

To,

The CONTROLLER OF EXAMINATIONS,
UNIVERSITY OF PUNE, PUNE-411007.

For Office Use only

Batch No.			
Sr. No.			

Sir,

I desire to appear for the Diploma Course in Consumer Protection Laws examination to be held in April/October 20 .

EXAMINATION DETAILS (Tick the right entries)

1. Caste :

SC	ST	OBC	DT/NT	Not Applicable
C	T	B	D	

2. Sex :

Male	Female
1	2

3. Name of the

College :

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4. Centre at which

appearing :

Note : Candidates other than Maharashtra should write their name as they want to appear on University Record. No charge will be made hereafter.

5. Name :

.....

(In Block Capital Letters)

(Surname)

(Name)

(Father's/Husband's Name)

.....
(Mother's Name)

6. Name in Devnagari Script :

7. Latest previous appearance details for the Diploma Course in Consumer Protection Laws :

Year :

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 Month :

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 Seat No. :

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Permanant
Registration No.

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8. Total fees paid Rs.

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9. The category, if the Exam. Fee is reimbursed by Govt.

BC	EBC	Primary Teacher's Children	Freedom Fighter's Children	ND/DT	Service Personnel Children
B	E	P	F	N	S

10. No. of Course appearing :

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11. Subjects for which appearing :
(Write subject names and subject codes from the backside of this page very carefully)

Subject Name

Subject Code

.....
.....
.....
.....
.....
.....
.....

12. Details of Qualifying Examination : (Graduate Degree)

Name of the Degree

Name of University

Year & Month of passing

2
EXAMINATION PARTICULARS

Name of the subject	Tick here only if you are appearing for the Subject	Tick here if claiming exemption for the Subject	
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If Passed, then the information Seat No. Month and year

1.	101	Consumer Movement & Consumerism	<input type="checkbox"/>		<input type="checkbox"/>	_____
2.	102	Consumer Protection Act, 1986	<input type="checkbox"/>		<input type="checkbox"/>	_____
3.	103	Consumer Protection legislations.	<input type="checkbox"/>		<input type="checkbox"/>	_____
4.	104	Dissertation / Research work / Project work (Passing–viva out of 20% Journal out of 80)	<input type="checkbox"/>		<input type="checkbox"/>	_____
Grand Total : 400						

13. Permanent Address :

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14. Fees details :

Exam Fee	Rs.
Statement of marks Fees	Rs.
Late Fee	Rs.
Passing Certificate Fee	Rs.
Central Assessment Programme Fee	Rs.
Total Fee	Rs.

15. Declaration : I hereby declare that I have gone through the syllabus and the list of books for the examination. I am appearing. I shall be responsible for any errors and wrong or incomplete entries made by me in the form. I shall not request for any special concession such as change in the time or day fixed for the University examination etc. on religious or any other ground.

Yours faithfully,

Place : Date : Signature of Candidate :

CERTIFICATE from the Principal of the College,

1. I certify that the above named candidate is/was student of this college.
2. His/Her statement as to his/her having obtained 50% of maximum marks in each of the papers should overleaf and claim of being Allowed To Keep Terms, if any is correct.
3. I am satisfied that he/she is eligible to appear at the said examination as per University rules.

Place : Date : Signature of Principal :