Price: Rs. 20/-

University of Pune



Examination for the Degree in Master of Library and Informatiom Science (M.Lib. I Sc.)

To, THE REGISTRAR, UNIVERSITY OF PUNE	E, PUNE-411 007.		
Sir, I request permission to present myself Science M.Lib. I Sc. for Sem I/II	f at the ensuing exa	mination for the Deg	gree in Master of Library
			Yours faithfully,
Date: 20 .		Signature	
	I. PERSONAL DETA	ILS	
(Applicants from South India & Upo	countries should wr University Record		uld appears on the
	Surname	Name	Father's Name
Name in full in CAPITAL LETTERS (beginning with Surname in English)			
(Also in Devnagari Script)		Mothers Name :	
Race and Religion SC / ST / DT / NT / O	BC / Not applicable	Male or Fema	ale
College or Department			
Student or Ex-Student			
Date of Passing the Degree of Bachelor of Science or an equivalent examination with Name of the University			
Date of obtaining the Degree at a Convoca	ution		
Academic year during which terms kept for	r M.Lib. Course:		
July 200 .		March	200 .
I request exemption in the following G in them at the examinations held in the mor			ssary percentage of marks
Month and Year			Month and Year
Decidential Address			
Residential Address Permanent Home Address			
Phone Number (Res.)		الم	

II. EXAMINATION PARTICULARS

(1) I wish to be examined at the) I wish to be examined at the Centre.				
(2) I request that the marks obtained by me in March 200 be carried forward.	n Internal Assessment of the	academic year July, 200 , at			
Certified that Shri./Smt.					
since passing his/her B.Lib. examination of	University	has for the number of days			
specified below, attended during two terms, the Cou-	rse of Lectures appointed fo	r this examination.			
Terms	Number of days	Remarks			
Sem I From July 200 to Nov. 200					
Sem II From Dec. 200 to April 200					
(2) has completed in a satisfactory manner and	submitted the dissertation la	id down in the regulations, and			
(3) is to best of my knowledge and belief, a p the ensuing examination for the degree in	2	• 1			
(4) I also certify that his/her statement about	exemption in certain Papers	s/Practicals/Group is correct.			
Place :	Signature				
	Head of the Department	of Library Science./ Principal			
Date:					