



**Application Form for Admission to the Examination for the  
Post Graduate Diploma in Marketing Management (PGDMM) (New)  
(2008-2009)**

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

**UNIPUNE ID No.**  

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(Number given by Eligibility Section)

<b>For office use only</b>
Batch & Sr. No.

Sir,  
I desire to appear for the examination for the First/Second Semester/s of the Post Graduate Diploma in Marketing Management (PGDMM) Examination to be held in October / April 20 .

I hereby declare that I shall not claim any concession on religious grounds.

1. Name of the Institute : ..... 

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 2. Name of the Centre : ..... 

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Male	Female
1	2

Fresh	Repeater
1	2

No. of Courses / Subjects

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\* **Applicant from South India, U.P. Up-countries and Foreigners should write the name as it should appear on University records. No change in the name will be made hereafter.**

4. \* Mention Full Name in legible BLOCK Letters :  
 .....  
 Surname    Name    Father's / Husband's Name  
 .....  
 Mother's Name  
 ( as per Previous Records )

Rs.

Exam. Fee

5. Old Name, if any : .....  
 6. Name in Devnagari Script : .....

Statement of  
Marks Fee :  
CAP Fee :

7. Sports activities O.163\*

N.SS	N.C.C.	N.P.E.D.	A.E.D.	I.U.T.
1	2	3	4	5

Passing Certificate Fee :  
Late Fee :

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

**Total Fee : Rs. ....**

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. Year 

2	0		
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 Month 

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 & Seat No. 

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 For the previous Latest Appearance

11. Permanent Registration Number of PGDMM 

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(Should be mentioned correctly.) For Repeaters only

12. Name of Degree of qualifying examination, Date of passing and the name of University (be attached zerox copy) : .....

13. Eligibility Certificate number and date, if applicable : .....

14. Address for Correspondence : .....

15. Permanent Home Address : .....

## EXAMINATION PARTICULARS

Attach Attested True Copy of Marklist of Last Exam. / PGDMM Examination along with Examination Form

Course No.	Title of the Course	Tick (✓) here where appearing	If repeater, Month and Year of the Examination and Seat No. Sem. I/Sem. II	Marks obtained out of		
				Internal 30 12	External 70 28	Total 100 40
<b>Semester I</b>						
101	Basics of Marketing					
102	Sales Management					
103	Laws Relating to Marketing					
104	Principles of Management (I)					
●105	Research Methodology (I)					
<b>Total of Semester I 400 Marks</b>						
<b>Semester II</b>						
201	Retail & Distribution Management					
202	Integrated Marketing Communication					
203	Services Marketing					
●204	Project Report (I)					
●205	Communication Skills (I)					
<b>Total of Semester II 400 Marks</b>						
<b>● I - Internal out of 50 Marks</b>						

## 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.....  
Signature of the Candidate

## C E R T I F I C A T E

I certify that the above named candidate obtained the degree of ..... from the University of ..... in year ..... and is a regular/ex-student of this Institute. The Courses mentioned by the candidate are as per University rules and regulations, to the best of my knowledge and belief and the entries made by the candidate in the application 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 attended for this examination :

Terms	Number of Days	Remarks
From July 200 to October 200		
From January 200 to April 200		

.....  
Place.....  
Date.....  
Stamp.....  
Signature of the Director

\* Student desirous to avail of the benefit of O.163 will have to fill in separate prescribed form which is available in the Institute. The form should be attached, with necessary fees and certificates, alongwith the concerned examination form.