UNIVERSITY OF PUNE

No.

For office use only



Application Form for Admission to the Examination for the Post Graduate Diploma in Capital Market Management

(PGDCMM) (New) (2002-2003)

Го		Batch	& Sr. No.
	THE CONTROLLER OF EXAMINATIONS,		
	university of pune, pune-411007.		
Sir,			
Ooto	I desire to appear for the examination for the Post Graduate Diploma in Capital Market Management (PGDC	CMM) Examination	to be held in
Octo	ober / April 20 I hereby declare that I shall not claim any concession on religious grounds.		
	Thereby declare that I shall not claim any concession on rengious grounds.		
1.	Name of the Institute:		
2.	Name of the Centre:		
3.	Male Female Fresh Repeater		
Э.	1 2 1 2	No. of Cour	rses / Subjects
	* Applicant from South India, U.P. Up-countries and Foreigners should write the name as it		
	should appear on $\underline{\text{University records}}$. No change in the name will be made hereafter.		
4.	* Mention Full Name in legible BLOCK Letters :		
	Surname Name Father's / Husband's Name (if necessary)	Mother's 1	
	(as per Previous Records)	Wiother 3	vanie
5.	Old Name, if any:		
	Name in Devnagari Script:		-
6.	Name in Devnagari Script :		Rs.
	NS.S N.C.C. N.P.E.D. A.E.D. I.U.T.	Exam. Fee	
7.	Sports activitites O.163*	Statement of Marks Fee :	
			•••••
		CAP Fee:	
8.	SC ST OBC DT/NT Not Applicable C T O D	Passing Certificate F	ee
		Late Fee :	
9.	The Category, if the Exam. fee BC EBC Teacher's Fighter's ND/DT Personnel	Total Fee : R	S
	is reimbursed by Govt. Children Children Children Children	otal ree . K	5
	B E P F N S		
10	For the previous		
10.	Year Month & Seat No. Latest Appearance		
11.	Permanent Registration Number of PGDCMM		
11.	(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):	
12			
13.	Eligibility Certificate number and date, if applicable :		
14.	Address for Correspondence :		
15.	Permanent Home Address :		
IJ.	1 critianent frome Address .		

(2)

EXAMINATION PARTICULARS Attach Attested True Copy of Marklist of Last Exam. / PGDCMM Examination along with Examination Form

		Tick (✓) here where appearing	If repeater, Month and Year of the Examination and Seat No.	Marks obtained out of			
Title of the Course	Course No.			Internal 40 16	External 60 24	Total 100 40	
Management Principles & Practices	101						
New Issues Markets	102						
Secondary Markets	103						
Investment Analysis	104						
Portfolio Theory & Management	105						
Project Report & Viva (Internal)	106						
		1			1	1	

1 01110110 111001	<i>j</i> cc 1.1am			100					
Project Report &	& Viva (Ir	nternal)		106					
					DECLARAT	ION			
for any errors an	d wrong o	or incorrec	et information	on supplied by me	e in the application	ed for the examination of form. I shall not required Courses/Subjects ment	est for special co	ncession such as c	hange in the time
								Yours faithfully	,
Place				Date	e Signature of the Candid				Candidate
				C	ERTIFI	САТЕ			
I certify tl	nat the ab	ove name	d candidate	e obtained the de	egree of				from the
University of					in year	and	is a regular/ex-st	udent of this Instit	ute. The Course
mentioned by th	ne candida	ate areas p	per Univers	sity rules and reg	gulations, to the be	st of my knowledge a	and belief and	he entries made	by the candidate
in the application	on are con	rrect. He/	She has my	y permission to	appear for examin	nation for the subject	s for which he/s	he has applied.	
He / She examination:	has pre	sume for	r the num	ber of days spe	ecified below, at	tached during two	terms, the cour	se of lectures a	ttended for this
		Terms			Numbe	er of Days		Remark	S
From July	20	to	October	20					
From January	20	to	April	20					
Place				Date		Stamp		Signature of the Γ	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.