UNIVERSITY OF PUNE

No.



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

(PGDCMM) (New) (2008-2009) For office use only Batch & Sr. No. To THE CONTROLLER OF EXAMINATIONS, UNIVERSITY OF PUNE, PUNE-411007. I desire to appear for the examination for the Post Graduate Diploma in Capital Market Management (PGDCMM) Examination to be held in October / April 20 I hereby declare that I shall not claim any concession on religious grounds. Name of the Centre:..... Male Female Fresh Repeater 3. No. of Courses / Subjects * 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. * Mention Full Name in legible BLOCK Letters: Surname Father's / Husband's Name (if necessary) Mother's Name (as per Previous Records) Old Name, if any: Name in Devnagari Script: Rs. Sports activitites O.163* Exam. Fee N.S.S N.C.C. N.P.E.D. A.E.D. I.U.T. Statement of 5 Marks Fee: CAP Fee: DT/NT Not Applicable OBC Passing Certificate Fee Late Fee: Primary Freedom Service The Category, if the Exam. fee BC **EBC** ND/DT Teacher's Fighter's Personnel **Total Fee:** is reimbursed by Govt. Rs. Children Children Children В Е Ν S For the previous Month & Seat No. 10 Latest Appearance Permanent Registration Number of PGDCMM (Should be mentioned correctly.) For Repeaters only Name of Degree of qualifying examination, Date of passing and the name of University (be attached zerox copy):

Eligibility Certificate number and date, if applicable:

[P.T.O.

Address for Correspondence : ...

Permanent Home Address:

13.

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		
Course No.			Internal $\frac{30}{12}$	External 70 28	Total 100 40
101					
102					
103					
104					
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106					
	No. 101 102 103 104 105	Course No. here where appearing 101 102 103 104 105	Course No. here where appearing here where appearing and Year of the Examination and Seat No. 101 102 103 104 105	Course No. Here where appearing and Year of the Examination and Seat No. Internal 30 12 101 102 103 104 105	Course No. here where appearing Parameters appearing Seat No. Internal and Year of the Examination and Seat No. Internal 30 70 28 101 102 103 104 105

					DECLARATION			
for any errors an	d wrong	or incorre	ect informatio	n supplied by me	e in the application form. I shall not req	n for which I am appearing. I WILL BE RESPONSIBLI quest for special concession such as change in the time attioned by me are as per University rules and regulations		
						Yours faithfully,		
Dlago				Date		Signature of the Candidate		
Place				Date		Signature of the Candidate		
				C	ERTIFICATE			
I certify th	hat the ab	ove nam	ed candidate	from the				
University of					in year	and is a regular/ex-student of this Institute. The		
Courses mentio	ned by tl	ne candid	late are as p	er University rul	les and regulations, to the best of my	knowledge and belief and the entries made by		
the candidate ir	the app	lication a	are correct. I	He/She has my p	permission to appear for examination	for the subjects for which he/she has applied.		
He / She examination:	e has pre	esume fo	or the numb	per of days spe	ecified below, attached during two	terms, the course of lectures attended for thi		
		Terms			Number of Days	Remarks		
From July	20	to	October 2	20				
From January	20	to	April 2	20				
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.