PRICE : Rs. 30/-

UNIVERSITY OF PUNE

Application Form for Admission to the Examination for the

Post Graduate Diploma in Print Administration (P.G.D.P.A.) (2008-2009)

For office use only	
Batch & Sr. No.	

To,

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

Sir,

I desire to appear for the examination for the Post Graduate Diploma in Print Administration (P.G.D.P.A.) Examination to be held in April 200. I hereby declare that I shall not claim any concession on religious grounds.

1. Name of the College/Institute : ..... ☐☐☐

2. Name of the Centre : ..... ☐☐☐

3.

Male	Female
1	2

Fresh	Repeater
1	2

No. of Courses / Subjects ☐☐

***Applicant from South India, U.P. Up-countries and Foreigners should wirte 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 (if necessary)

.....
Mother's Name

Exam. Fee ☐☐☐☐

Statement of Marks Fee : **Rs.**

CAP Fee : **Rs.**

Passing Certificate Fee : **Rs.**

Late Fee : **Rs.** .....

Total Fee : Rs. .....

5. Old Name, if any : .....

6. Name in Devnagari Script : .....

7. Sports activities O.163*

N.S.S.	N.C.C.	N.P.E.D.	A.E.D.	L.U.T
1	2	3	4	5

8.

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

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 ☐☐☐☐ Month ☐☐ & Seat No. ☐☐☐☐☐ For the previous Latest Appearance

11. Permanent Registration Number of P.G.D.P.A. ☐☐☐☐☐☐☐☐☐
(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 P.G.D.P.A. 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.	Marks obtained out of		
				Internal 30 —— 12	External 70 —— 28	Total 100 —— 40
101.	Printing Processes and Techniques					
102.	Practicals (Based on Paper I) (FI)					
103.	Production Planning and Control					
104.	Principles and Practices of Management and Organisational Behaviour					
105.	Business Applications					
106.	Project & Viva (Out of 50 each)					
				Grand Total Out of		600

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 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 candidate

C E R T I F I C A T E

I certify that the above named candidate obtained the Degree/Diploma of .....from the University/Board of ..... in year ..... and is a regular/ex-student of this College/Institute/ Department. 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 subject 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 appointed for this examination :

Terms	Number of Weeks	Remarks
From _____ to _____	14 Weeks	
From _____ to _____	14 Weeks	

....

Place Date Stamp Signature of the Director