

# SAVITRIBAI PHULE PUNE UNIVERSITY

(Formerly University of Pune)

**Prof. Vijay Khare**  
M.Sc., Ph.D.  
**Director,**  
**International Centre**



**INTERNATIONAL CENTRE**  
Savitribai Phule Pune University  
Ganeshkhind, Pune-411007  
Phone : 020-25691163  
Tele Fax : 91-20-25691954  
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Ref. IC/3430

Date : 19/07/2016

To  
The Head  
Department of \_\_\_\_\_  
Savitribai Phule Pune University  
Pune 411007

Dear Sir,

The Hon'ble Vice Chancellor and Director, BCUD, have initiated a new programme, **Remedial English Coaching for University Students (RECUS)** since September 2013. I am happy to inform you that the International Centre, Savitribai Phule Pune University, is conducting the fourth round of the eight week coaching (RECUS) for university students. The first batch is from **1<sup>st</sup> August 2016 to 24<sup>th</sup> September 2016**.

I request you to kindly recommend 10 students from your department, five from open and five reserved category for the same. No fee is being charged. I specially request you to kindly ensure that the students who enroll will attend the course sincerely and will be regular. Kindly display the posters sent herewith on your notice board.

**The orientation is on 1<sup>st</sup> August 2016 at 4 p.m. at the International Centre.**

Thanking you.

Yours sincerely,



**Director**  
**International Centre**  
**Savitribai Phule Pune University**  
**Pune 411007**



Residence : J - 3, Teachers' Quarters, Savitribai Phule Pune University Campus, Pune-411007 (India)

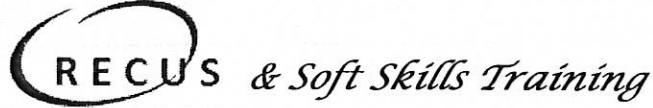
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**SAVITRIBAI PHULE PUNE UNIVERSITY**  
(Formerly University of Pune)  
**International Centre**  
**Admission Form**

(Remedial English Coaching for University Students)



To,  
The Director  
International Centre,  
Savitribai Phule Pune University,  
Pune – 411007 (India)  
Website: [www.unipune.ac.in](http://www.unipune.ac.in), Email: [intcent@unipune.ac.in](mailto:intcent@unipune.ac.in)  
Phone: +91-020-25691162

Paste Passport  
Size Photograph

1) Name in full (Capital letters) – As it appears in the Mark Sheet

\_\_\_\_\_

2) Father's Name: \_\_\_\_\_

3) Sex : Male  Female  4) Date of Birth :        
DD MM YEAR

5) Marital Status: Married  Unmarried  6) Nationality : \_\_\_\_\_

7) Category: SC  ST  NT  VJNT  OBC  OPEN

8) Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_

9) Contact Details: *Mobile:* \_\_\_\_\_ *Home:* \_\_\_\_\_

10) Email Address: \_\_\_\_\_

11) Skype ID: \_\_\_\_\_

12) Course & Department currently studying at the Savitribai Phule Pune University:

\_\_\_\_\_

\_\_\_\_\_

P.T.O.

13) The following documents must be submitted along with the application:

- a. Proof of Date of Birth
- b. Caste Certificate

14) Recommendation from the Head of the Department:

Mr./Ms. \_\_\_\_\_  
studying for the course \_\_\_\_\_  
at our department, belonging to the category \_\_\_\_\_  
is recommended to take admission for the said course.

Date: \_\_\_\_\_

Head of the Department  
Signature and Stamp

15) Time Slots: Please tick

Slot 1: 4.00 p.m. to 6.00 p.m.

Slot 2: 6.00 p.m. to 8.00 p.m.

Declaration and Undertaking

I understand and declare that I shall be responsible for any incorrect information, incomplete documents / certificates/papers supplied by me in this application form and if so then my admission will stand automatically cancelled and the University is not responsible for the same.

Date: \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

(For Office Use Only)

The applicant is admitted to the said course starting from \_\_\_\_\_ to \_\_\_\_\_

for Slot 1 : 4.00 p.m. to 6.00 p.m.  OR Slot 2 : from 6.00 p.m. to 8.00 p.m.

Date:

Co-ordinator

Co-ordinator

Director