



Abbreviated Name of the College

(To be filled by the College Office)

UNIVERSITY OF PUNE

Second Professional Examination for the Degree of Kamil-e-tib-o-Jarahat (B.U.M.S.)

To

The Controller of Examinations,
University of Pune,
Pune-411007.

Sir,

I request permission to present myself at the ensuing Second Professional Course Examination at the Centre.

*I request exemption from the following subjects as I have obtained in these subjects the percentages of marks entitling me to exemptions at the examinations held in the year mentioned against them.

Subject

Month & Year

.....
.....
.....
.....

I wish to answer the question papers, at the Second Professional Course Examination in the language shown against each subject—

- Subject*
- (1) Munafe-ul-Aza
- (2) Tashreeh-ul-Badan
- (3) Ilmul-Adwiya (Mufradat)
- (4) Hifze Sehat

@ The language in which a candidate desires to
answer the question paper

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

Yours faithfully,

Place : _____

Date : _____ 20 .

Signature : _____

1. PERSONAL DETAILS

Name in full _____

(in CAPITAL LETTERS)

Mother's Name _____

(Also in Devanagari Script) _____

Race and Religion _____ Male and Female _____

College or Colleges _____

Student or Ex-Student _____

Date of passing S.S.L.C./Matriculation or
an examination equivalent thereto _____

Date of passing Higher Secondary/P.U.C. or
an examination equivalent thereto _____

Date of Passing First Professional Course Examination _____

Residential Address (Local) _____

Residential Address (Permanent) _____

_____ Mobile No. _____

@ Enter English or Urdu as the case may be against each subject.

Certificate to be signed by the Principal of the College, at which the candidate has studied.

I certify that Shri./Shrimati

- (1) has attended the courses in Theory & Practicals in all the four prescribed subjects to my satisfaction for two academic terms.
- (2) is to the best of my knowledge and belief, a person of good conduct and has my permission to appear at the ensuing examination for the Second Professional Course Examination.

Place :

Signature

Date : 20 ..

Principal College

OR

*I certify that Shri./Smt.

failed to pass the Second Professional Course Examination held in 20 .., and that during the interval between the declaration of his/her failure and the date of this application, he/she has pursued a further course of study in the subject of examination to my satisfaction.

Place :

Signature

Date : 20 ..

Principal College

** To be struck out which is not applicable.*