



Abbreviated Name of the College

(To be filled by the College Office)

## UNIVERSITY OF PUNE

## Third 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 Third Professional Course Examination for the Degree of B.U.M.S. at the ..... Centre.

2. I wish to answer the question papers, at the Third Professional Course Examination in the language shown against each subject.

3. I request exemption in the following subjects :

Subject	@ The language in which a candidate desires to answer the question paper	Exemptions		
		Marks obtained	Month & Year	Seat No.
(1) Ilmul Adwie (Murakka-bat-o-Saidla)				
(2) Sareeriyat Usool-e-Tashkhees-o-Elaj				
(3) Ilmul-Amraz				
{4} Tib-e-Qanooni O-Ilm-e-sumoom				

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) Surname Name Father's/Husband's Name Mother's Name  
(beginning with Surname)

(Also in Devanagari Script) \_\_\_\_\_

Race and Religion \_\_\_\_\_ Male and Female \_\_\_\_\_

College or Colleges \_\_\_\_\_

Student or Ex-Student \_\_\_\_\_

Date of passing the Pre-Tib Course Examination \_\_\_\_\_

Date of passing IInd (B.U.M.S.) Professional \_\_\_\_\_

Residential Address (Local) \_\_\_\_\_

Residential Address (Permanent) \_\_\_\_\_

\_\_\_\_\_ Mobile No. \_\_\_\_\_

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

[P.T.O.]

*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 Third Professional Course Examination for the Degree of B.U.M.S.

Place : .....

Signature .....

Date : ..... 20 ..

Principal ..... College

*OR*

\*I certify that Shri/Smt. ....

failed to pass the Third 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

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