

(To be filled by the College Office) ..... **UNIVERSITY OF PUNE** 

Abbreviated Name of the College

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

То

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

## Sir,

I request permission to present myself at the ensuing Fourth 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 Fourth Pro against each subject—		
C. Li	@ The language in which a candidate desires to	
Subject (1) Ilmul-Qabalat-o-Mutalleqa-Amraz	answer the question po	iper
(2) Amraz-e-Niswan-o-Atfal		
(3) Tareekh-e-Tib		
I hereby declare that I shall not claim any concession	on on religious grounds.	
	Yours fait	hfully,
Place :		-
Date : 20 .	Signature :	
1. PERSONAL	DETAILS	
Name in full		
(in CAPITAL LETTERS) Surname Name (beginning with Surname)	Father's/Husband's Name	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 equivalentthereto		
Date of passing Higher Secondary/P.U.C. or an examination equivalent thereto		
Date of Passing Third B.U.M.S. Examination	Seat No	
Residential Address (Local)		
Residential Address (Permanent)		
	Mobile No	

@ Enter English or Urdu as the case may be against each subject. BUMS\_IV (Kamil-e-tib-o-Jarahat) (06-2009)

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

(2)

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 Fourth Professional Course Examination.

Place : .....

Signature .....

Date : ..... 20 .

Principal ..... College