

Form Processing Fee: Rs 20/-



UNIVERSITY OF PUNE

Examination for the Certificate Course in Foreign Languages

To,
The Registrar,
University of Pune,
Ganeshkhind, Pune 411 007

Sir,
I request permission to present myself at the ensuing Examination to be held in March 200 at the Center for the Certificate Course in *..... Language.

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

(Also in Devanagari Script)

Male / Female.....

Regular student OR ex-student..... Seat No. (for Ex-Student only).....

Date of passing S.S.C. Examination of Maharashtra State Board or equivalent }

Residential Address.....

..... Phone No.....

* Insert one of the following languages:

- 1. FRENCH
- 2. GERMAN
- 3. JAPANESE
- 4. RUSSIAN
- 5. SPANISH

.....
(Signature of the Class-Teacher)

Place:

Date:.....

.....
Principal/Signature of the Head of the
Department of Foreign Languages