

Form Processing Fee : Rs. 20/-

No.



**UNIVERSITY OF PUNE**

Examination for the Intensive Certificate Course in Foreign Languages

(Examination Fee : Rs. 170/-)

To,

THE REGISTRAR, UNIVERSITY OF PUNE,  
Ganeshkhind, Pune-411007.

Sir,

I request permission to present myself at the ensuing Examination at the Center for the Intensive Certificate Course in\* ..... Languages to be held in December 200 ..

Place : .....

Yours faithfully,

Date : ..... 200 ..

(Signature) .....

**I. PERSONAL DETAILS**

Name in Full (In CAPITAL LETTERS) .....  
Surname Name Father's/Husband's Name

(In Devanagari Script) .....

Male / Female ..... Mother's Name .....

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 : .....

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

Date : .....