



UNIVERSITY OF PUNE

**Application Form for Admission to the Examination for the
Master's Degree In Computer Management (M.C.M.)
(Semester I, II, III, IV) (New Syllabus 2005-2007)**

To

THE CONTROLLER OF EXAMINATIONS,
UNIVERSITY OF PUNE, PUNE-411007.

For office use only
Batch & Sr. No.

Sir,

I desire to appear for the examination for the FIRST/SECOND/THIRD/FOURTH Semester/s of the M.C.M. Degree Examination to be held in April/Oct. 20 ..

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

1. Semester Combination appearing for : Tick the right combination :

I	II	III	IV

2. Name of the Institute :

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3. Name of the Centre :

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4.

Male	Female
1	2

Fresh	Repeater
1	2

No. of Courses / Subjects

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*** Applicant from South India, U.P. Up-countries and Foreigners should write the name as it should appear on University records. No change in the name will be made hereafter.**

Please attach a xerox copy of degree or passing or statement of marks of Degree Examination

5. * Mention Full Name in legible BLOCK Letters :

.....
Surname Name Father's/Husband's Name (if necessary) Mother's Name
(as per Previous Records)

6. Old Name, if any

Exam. Fee

Rs.

7. Name in Devnagari Script :

Statement of Marks Fee :

Passing Certificate Fee :

8. Sports activities 0.163

NSS	N.C.C.	N.P.E.D.	A.E.D.	I.U.T.
1	2	3	4	5

CAP Fee

Late Fee

Total Fee Rs. :

9.

SC	ST	OBC	DT/NT	Not Applicable
C	T	O	D	

10. Year 20

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Month

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& Seat No.

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For the previous Latest Appearance

11. Permanent Registration Number of M.C.M.

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(Should be mentioned correctly)

12. Name of Degree of qualifying examination, Date of passing and the name of University :

Year of Passing :

Exam.

Seat No.

13. Eligibility Certificate number and date, if applicable :

14. Address for Correspondence :

15. Permanent Home Address :

EXAMINATION PARTICULARS**Attach Attested True Copy of Marklist of Last M.C.M. Examination along with Examination Form.**

		Semester II		Semester III		Semester IV	
		Seat No. _____		Seat No. _____		Seat No. _____	
		Year _____		Year _____		Year _____	
Course No.	Title of the Subject	INT 12/30	EXT 28/70	Title of the Subject	INT 12/30	EXT 28/70	
SEMESTER I				SEMESTER III			
101	C Programming	<input type="checkbox"/>	<input type="checkbox"/>	301	Basic Java	<input type="checkbox"/>	<input type="checkbox"/>
102	Data Base Management Systems	<input type="checkbox"/>	<input type="checkbox"/>	302	Internet Technology	<input type="checkbox"/>	<input type="checkbox"/>
103	Software Engineering	<input type="checkbox"/>	<input type="checkbox"/>	303	Network Technology	<input type="checkbox"/>	<input type="checkbox"/>
104	Management Information System	<input type="checkbox"/>	<input type="checkbox"/>	304	Information Systems Audit	<input type="checkbox"/>	<input type="checkbox"/>
105	Business Communication	<input type="checkbox"/>	<input type="checkbox"/>	305	Principles and Practices of Management & Organisational Behaviour	<input type="checkbox"/>	<input type="checkbox"/>
*106	Practicals (FI) (Out of 50)	<input type="checkbox"/>		*306	Practicals (FI) (Out of 50)	<input type="checkbox"/>	
SEMESTER II				SEMESTER IV			
201	Data Structures & Algorithm	<input type="checkbox"/>	<input type="checkbox"/>	401	Linux Programming	<input type="checkbox"/>	<input type="checkbox"/>
202	Visual Basic	<input type="checkbox"/>	<input type="checkbox"/>	402	Program & Design with V.B.Net	<input type="checkbox"/>	<input type="checkbox"/>
203	Oracle	<input type="checkbox"/>	<input type="checkbox"/>	403	Advanced Java	<input type="checkbox"/>	<input type="checkbox"/>
204	Software Project Management and IT Management	<input type="checkbox"/>	<input type="checkbox"/>	404	Cyber Law	<input type="checkbox"/>	<input type="checkbox"/>
205	Business Applications	<input type="checkbox"/>	<input type="checkbox"/>	*405	Software Quality Management	<input type="checkbox"/>	<input type="checkbox"/>
*206	Practicals (FI) (Out of 50)	<input type="checkbox"/>		406	Advance Business Application	<input type="checkbox"/>	<input type="checkbox"/>
				407	Case (CASE) Tools	<input type="checkbox"/>	<input type="checkbox"/>
				408	Business Process Outsourcing	<input type="checkbox"/>	<input type="checkbox"/>
				409	Project Work and Viva	<input type="checkbox"/>	<input type="checkbox"/>
				&410	(Int 24/60, Ext. 56/140)	<input type="checkbox"/>	<input type="checkbox"/>
				411	Practicals (FI) (Out of 50)	<input type="checkbox"/>	<input type="checkbox"/>
	*Practicals 20/50						

DECLARATION

I hereby declare that I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. **I WILL BE RESPONSIBLE** for any errors and wrong or incorrect information supplied by me in the application form. I shall not request for special concession such as change in the time and / or day fixed for the University examination on religious or any other grounds. The Courses/Subjects mentioned by me are as per University rules and regulations.

Yours faithfully,

.....
 Place Date Signature of the Candidate

CERTIFICATE

I certify that the above named candidate obtained the degree of from the University of in year and is a regular/ex-student of this Institute. The Courses mentioned by the candidate are as per University rules and regulations, to the best of my knowledge and belief and the entries made by the candidate in the application are correct. He/She has my permission to appear for examination for the subjects for which he/she has applied.

He / She has presume for the number of days specified below, attached during two terms, the course of lectures attended for this examination :

	Terms	Number of Days	Remarks
From	20 to 20		
From	20 to 20		
From	20 to 20		
From	20 to 20		

.....
 Place Date Stamp Signature of the Director

Note : Student desirous to avail of the benefit of O.163 will have to fill in separate prescribed form which is available in the Institute. The form should be attached, with necessary fees and certificates, alongwith the concerned examination form.