



UNIVERSITY OF PUNE

**Application Form for Admission to the Examination for
The Master of Marketing Management (M.M.M.) (2005-2007)
Semester I, II, III, IV (Part I & II)**

For office use only
Bartch & Sr. No.

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

Sir,
I desire to appear for the examination for the FIRST/SECOND/THIRD/FOURTH Semester/s of the M.M.M. Degree Examination to be held in October/April 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Name of the Institute :

3. Name of the Centre :

4.

Male	Female	Fresh	Repeater
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No. of Courses / Subjects

5. * Mention Full Name in legible BLOCK Letters :

*** 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.**

.....
(as per Previous Records)

.....
Mother's Name

Rs.

Exam. Fee

Statement of Marks Fee :

Passing Certificate Fee

CAP Fee

Late Fee :

Total Fee : Rs.

6. Old Name, if any :

7. Name in Devnagari Script :

8. Sports activities O.163

N.S.S	N.C.C.	N.P.E.D.	A.E.D.	I.U.T.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.

SC	ST	OBC	DT/NT	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Year Month & Seat No. For the previous Latest Appearance

11. Permanent Registration Number of M.M.M.
(Should be mentioned correctly)

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

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13. Eligibility Certificate number and date, if applicable :

14. Address for Correspondence :

15. Permanent Home Address :

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[P.T.O.

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

M.M.M. Semester I				M.M.M. Semester II			
Previous Seat No. _____				Previous Seat No. _____			
PRN _____				PRN _____			
Course No.	Title of the Subject	Int. 12/30	Ext. 28/70	Course No.	Title of the Subject	Int. 12/30	Ext. 28/70
101	Principles and Practices of Management	<input type="text"/>	<input type="text"/>	201	Services Marketing	<input type="text"/>	<input type="text"/>
102	Principles of Marketing	<input type="text"/>	<input type="text"/>	202	Retail Marketing	<input type="text"/>	<input type="text"/>
103	Fundamentals of Management Accounting	<input type="text"/>	<input type="text"/>	203	Sales Management & Personal Selling	<input type="text"/>	<input type="text"/>
104	Managerial Economics	<input type="text"/>	<input type="text"/>	204	Distribution Management & Logistics	<input type="text"/>	<input type="text"/>
105	Research Methodology	<input type="text"/>	<input type="text"/>	205	Market Research	<input type="text"/>	<input type="text"/>
106	Consumer Behaviour	<input type="text"/>	<input type="text"/>	206	Relationship Marketing	<input type="text"/>	<input type="text"/>
107	Business Communication (Internal) (out of 50)	<input type="text"/>		207	Indian Economic Environment (Internal) (out of 50)	<input type="text"/>	
108	Fundamentals of Information Technology (Internal out of 50)	<input type="text"/>		208	Field Work (Internal out of 50)	<input type="text"/>	
Total of Semester I 700				Total of Semester II 700			

M.M.M. Semester III				M.M.M. Semester IV			
Previous Seat No. _____				Previous Seat No. _____			
PRN _____				PRN _____			
Course No.	Title of the Subject	Int. 12/30	Ext. 28/70	Course No.	Title of the Subject	Int. 12/30	Ext. 28/70
<i>Candidates should submit the project report to the Principal before the end of the third Semester.</i>							
301	International Marketing	<input type="text"/>	<input type="text"/>	401	Brand Management	<input type="text"/>	<input type="text"/>
302	Marketing and Laws	<input type="text"/>	<input type="text"/>	402	Strategic Marketing	<input type="text"/>	<input type="text"/>
303	Financial Services Marketing	<input type="text"/>	<input type="text"/>	403	Export Documentation & Forex Management	<input type="text"/>	<input type="text"/>
304	Marketing Communication	<input type="text"/>	<input type="text"/>	404	Direct Marketing	<input type="text"/>	<input type="text"/>
305	Retail Operations Management	<input type="text"/>	<input type="text"/>	405	Industrial Marketing	<input type="text"/>	<input type="text"/>
306	Project Work (out of 100) (Int. 12/30 and Ext. 28/70)	<input type="text"/>	<input type="text"/>	406	Rural & Agricultural Marketing	<input type="text"/>	<input type="text"/>
307	Foreign Language (Internal out of 50)	<input type="text"/>		407	Entrepreneurship Development & Project Management (Internal out of 50)	<input type="text"/>	
308	Virtual Marketing (Internal out of 50)	<input type="text"/>		408	Foreign Language (Internal out of 50)	<input type="text"/>	
Total of Semester III 700				Total of Semester IV 700			

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

C E R T I F I C A T E

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 July 20 to October 20		
From January 20 to April 20		

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

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.