

Price : Rs. 30/-

UNIVERSITY OF PUNE



APPLICATION FORM FOR ADMISSION TO THE
Post-Graduate Diploma in Financial Services (PGDFS)

(New Syllabus 2008-2009)

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

Sir,

I desire to appear for the Post-Graduate Diploma in Financial Services (PGDFS) Examination to be held in 20 .. .

UNIPUNE ID No.

--	--	--	--	--	--	--	--	--	--

(Number given by Eligibility Section)

for office use only

Batch No.	
Sr. No.	

I. PERSONAL DETAILS

(Applicant from South India and Upcountries should write the name as should appear on University Record.)

1. Name in full :

(In **Capital** Letters) Surname Name Father's/Husband's Name

For the change in Name (Please attach marriage certificate copy/affidavit/gazette) (if wants in University Record)

Old Name, if any : Mother's Name

Also in Devanagari Script :

2. Caste :

SC	ST	OBC	DT/NT	Not Applicable

Male	Female
1	2

Fresh	Repeater
1	2

5. Name of the Institute :

6. Name of the Centre : 7. No. of Courses/Subjects

--	--

8. Date of passing the degree examination
with name of the College and the University

.....

12. Exam. Fee :

Rs.

--	--	--	--

9. Residential Address (for correspondence) :

.....

Late Fee : **Rs.**

CAP Fee : **Rs.**

Statement of Marks Fee : **Rs.**

10. Permanent Home Address :

.....

Passing Certificate Fee : **Rs.**

Total Fee : Rs.

11. Permanent Registration Number

--	--	--	--	--	--	--

II. EXAMINATION PARTICULARS

(Attach attested true copy of Mark Sheet of last P.G.D.F.S. examination alongwith the form.)

Semester I	Int. 12/30	Ext. 28/70
101 Financial and Cost Accounting	<input type="text"/>	<input type="text"/>
102 (a) Statistics and Operations Research	<input type="text"/>	
(b) EDP/MIS	<input type="text"/>	
		} Internal out of 100
103 Taxation (Direct and Indirect Taxes)	<input type="text"/>	<input type="text"/>
104 (a) Financial Management	<input type="text"/>	<input type="text"/>
(b) Maths. and Finance	<input type="text"/>	<input type="text"/>
(Quantitative Methods)	<input type="text"/>	
105 (a) Project Management	<input type="text"/>	
(b) Sustainable Competitive Advantage	<input type="text"/>	
		} Internal out of 100
106 Financial Services I	<input type="text"/>	<input type="text"/>
107 Financial Intuitions	<input type="text"/>	<input type="text"/>
Semester I	Int. 12/30	Ext. 28/70
201 Economic Legislation		
		} Internal out of 100
202 Financial Services II	<input type="text"/>	<input type="text"/>
(a) Portfolio Management	<input type="text"/>	<input type="text"/>
(b) Investment Analysis	<input type="text"/>	<input type="text"/>
(c) Marketing	<input type="text"/>	<input type="text"/>
203 International Finance	<input type="text"/>	<input type="text"/>
204 Company Law, SEBI and FEMA	<input type="text"/>	<input type="text"/>
205 Financial Markets	<input type="text"/>	<input type="text"/>
206 Special Studies in Financial Services (Seminar Course)	<input type="text"/>	
		} Internal out of 100
207 Year Long Project (Project Report + Viva) 30 + 70	<input type="text"/>	

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 (To be given by the Principal of the College/Director of the Institute)

Certified that Shri./Smt.
 since passing his/her Degree Examination held in has for the number of days
 specified below, attend during two terms, the course of Lectures and Practicals for this examination :

Terms	Number of Days	Remarks
From June, 200 to October, 200		
From November, 200 to March 200		

This is to certify that Shri./Smt.
 has completed Project Report in the first semester.

Place :

Signature of

Director :

Date :

Stamp of the Office