



**UNIVERSITY OF PUNE**

**Application Form for Admission to the Examination for the Post-Graduate Diploma in Materials & Logistics Management (PGDMLM) (Semester I & II) (2008-2009)**

For Office use only
Batch No. & Sr. No.

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

Sir,  
I desire to appear for the examination for the FIRST/SECOND Semester/s of the PG Diploma in Materials and Logistics Management Examination to be held in October/April 200 .

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

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

I	II
<input type="checkbox"/>	<input type="checkbox"/>

**UNIPUNE ID No.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Number given by Eligibility Section)

2. Name of the College/Institute : .....

<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Name of the Centre : .....

<input type="text"/>	<input type="text"/>	<input type="text"/>
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4.

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

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

No. of Courses / Subjects

<input type="text"/>	<input type="text"/>
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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.**

5. \* Mention Full Name in legible BLOCK Letters :

.....

Surname                      Name                      Father's / Husband's Name (if necessary)

.....

Mother's Name

6. Old Name, if any : .....

Exam. Fee

7. 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"/>

Statement of Marks Fee :                      **Rs.**

Passing Certificate Fee                      **Rs.**

8.

SC	ST	OBC	DT/NT	Not	Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	T	O	D		

CAP Fee :                      **Rs.**

Late Fee : Rs. ....

**Total Fee : Rs.** .....

9. Year 20  Month  & Seat No.  For the previous Latest Appearance

10. Permanent Registration Number of PGDMLM   
(Should be mentioned correctly)

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

.....

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 PGDMLM Examination along with Examination Form**

Course No.	Title of the Subject			Course No.	Title of the Subject		
<b>Sem. I</b>				<b>Sem. II</b>			
		Int. 12/30	Ext. 28/70			Int. 12/30	Ext. 28/70
101	Principles and Practices of Management	<input type="text"/>	<input type="text"/>	201	Physical Distribution & Supply	<input type="text"/>	<input type="text"/>
102	Materials Management	<input type="text"/>	<input type="text"/>		Chain Management		
103	Logistics Management	<input type="text"/>	<input type="text"/>	202	International Buying	<input type="text"/>	<input type="text"/>
104	Import Export Policy (Int.)	<input type="text"/>		203	Computer Awareness (Int.)	<input type="text"/>	
105	Manufacturing and Operations Management (out of 100) (Int.)	<input type="text"/>		204	Statistical and Quantitative Methods(Int.)	<input type="text"/>	
				205	Project work (Int.) (out of 100)	<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

**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 College/Institute/Department. 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 appointed for this examination :

Terms	Number of Days	Remarks
From July 200 to October 200		
From January 200 to April 200		

.....  
Place Date Stamp Signature of the Principal/Head of the Dept./ Institute

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