



No.

UNIVERSITY OF PUNE
Application Form for the
Post Graduate Diploma in Business Management
(P.G.D.B.M.) Examination (Semester System) 2002-2003

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

Sir,

I request permission to present myself at the ensuing Examination for the Post Graduate Diploma in Business Management (P.G.D.B.M.) to be held in October/April/May 20 .

Name of the Institute :

Name of the Centre at which appearing :

For Office use only
Batch No.
Sr. No.

Fresh	Repeater
1	2

SC	ST	OBC	DT/NT	NOT APPLICABLE
C	T	O	D	N

Male	Female
1	2

No. of Courses/Subjects

* Mention Full Name in legible BLOCK letters :

.....
Surname *Name* *Father's/Husband's Name* *Mother's Name*

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

Rs.

Old Name :

Exam. Fee :

Sports activities O.163

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

Statement of Marks Fee :

Late Fee :

For the Previous Latest Appearance of P.G.D.B.M. Exam. Year 20 Month & Seat No.

C.A.P. Fee :

Passing Certificate :

Permanent Registration Number of P.G.D.B.M.
 (should be mentioned correctly.)

Total Fee : Rs.

Details of Qualifying

Degree Examination
Name of Exam. *Name of Board/University* *Month & Year of Passing*

Academic Year during which admission for P.G.D.B.M. Sem. is taken in a Institute :

Address for Correspondence :

Permanent Home Address :

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 incomplete information supplied by me in the Application Form. I shall not request for special concession such as change in the Name 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

EXAMINATION PARTICULARS

Semester I				Semester II			
Name of the Subject		Int.	Ext.	Name of the Subject		Int.	Ext.
101	Organizational Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	201	Marketing Management	<input type="checkbox"/>	<input type="checkbox"/>
102	Management Accounting	<input type="checkbox"/>	<input type="checkbox"/>	202	Financial Management	<input type="checkbox"/>	<input type="checkbox"/>
103	Managerial Economics	<input type="checkbox"/>	<input type="checkbox"/>	203	Manufacturing & Operations	<input type="checkbox"/>	<input type="checkbox"/>
104	Basics of Marketing	<input type="checkbox"/>			Management		
105	Basics of Management & Communication Skills	<input type="checkbox"/>		204	Material & Logistics Management	<input type="checkbox"/>	
				205	Information Technology	<input type="checkbox"/>	
Semester III				Semester IV			
301	Human Resource Management	<input type="checkbox"/>	<input type="checkbox"/>	401	Management Control Systems	<input type="checkbox"/>	<input type="checkbox"/>
302	Management Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	402	(A) Marketing Management I	<input type="checkbox"/>	<input type="checkbox"/>
303	Legal Aspects of Business	<input type="checkbox"/>	<input type="checkbox"/>	403	(A) Marketing Management II	<input type="checkbox"/>	<input type="checkbox"/>
304	Statistical & Quantitative Techniques	<input type="checkbox"/>		404	(B) Financial Management I	<input type="checkbox"/>	<input type="checkbox"/>
305	Research Methodology	<input type="checkbox"/>		405	(B) Financial Management II	<input type="checkbox"/>	<input type="checkbox"/>
				406	(C) Computer Management I	<input type="checkbox"/>	<input type="checkbox"/>
				407	(C) Computer Management II	<input type="checkbox"/>	<input type="checkbox"/>
				408	(D) Production & Materials Mgnt. I	<input type="checkbox"/>	<input type="checkbox"/>
				409	(D) Production & Materials Mgnt. II	<input type="checkbox"/>	<input type="checkbox"/>
				410	(E) Human Resource Management I	<input type="checkbox"/>	<input type="checkbox"/>
				411	(E) Human Resource Management II	<input type="checkbox"/>	<input type="checkbox"/>
				412	Economic Environment of Business	<input type="checkbox"/>	
				413	Project Report	<input type="checkbox"/>	

(Certificate to be given by the Director of the Institute)

Certified that Shri./Smt.

@ (i) Since passing his/her Degree Examination held in
by University of

@ (ii) Since passing his/her P.G.D.B.M. Sem-I & II Examination held in

@ (iii) Since after allowing him/her to proceed to P.G.D.B.M. Sem. III & IV, though unsuccessful at Sem. I & II has for the number of days specified below, attend during two terms, the course of Lectures and Practicals attended for this examination.

Terms	Number of days	Remarks
From June 20 to October 20		
From November 20 to March 20		

@ (2) the statement made in the form by the candidate regarding exemption/s in paper/s is correct.

@ (3) is to the best of my knowledge and belief a person of good conduct and has my permission to appear at the ensuing Semester Examination for the Post Graduate Diploma in Business Management.

Place :

Date :

Seal of the Institute

(Signature of the Director)

This is to certify that Shri./Smt. has completed a Project Report of not less than 5000 words, and has obtained more than 50% out of 100 marks assigned for Project Report.

This is to certify that Shri./Smt. registered his/her name for the P.G.D.B.M. Course in (Please mention the Month and Year)

Place :

Date :

Seal of the Institute

(Signature of the Director)

@ Strike out which is not applicable.