



# UNIVERSITY OF PUNE

## Application Form for Admission to the Examination for the Post Graduate Diploma in Environmental Management (2008-2009) Revised (Semester I & II)

For office use only
Batch & 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 P.G. Diploma in Environmental Management 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 : .....

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

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

Male	Female
1	2

Fresh	Repeater
1	2

No. of Courses / Subjects

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

Name in Devnagari Script .....

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

7. 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	

8.

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

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

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

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

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.....

12. Eligibility Certificate number and date, if applicable : .....

13. Address for Correspondence : .....

14. Permanent Home Address : .....

.....

Exam. Fee <b>Rs.</b> .....
Statement of Marks Fee : <b>Rs.</b> .....
Passing Certificate Fee <b>Rs.</b> .....
CAP Fee : <b>Rs.</b> .....
Late Fee : <b>Rs.</b> .....
Total Fee : <b>Rs.</b> .....

Attach Attested True Copy of Marklist of Last P.G.D.E.M. Examination Along with Examination Form

Course Code	Subject Title	Marks			Course Code	Subject Title	Marks		
		Int. 12/30	Ext. 28/70	Total 40/100			Int. 12/30	Ext. 28/70	Total 40/100
101	Principles & Practices of Management	<input type="checkbox"/>	<input type="checkbox"/>		201	Natural Resource Management	<input type="checkbox"/>	<input type="checkbox"/>	
*102	Basics of Management Accounting	<input type="checkbox"/>			202	Env. Management and EIA	<input type="checkbox"/>	<input type="checkbox"/>	
103	Data Collection, Analysis & Reporting	<input type="checkbox"/>	<input type="checkbox"/>		203	Environmental Pollution & Disaster Management	<input type="checkbox"/>	<input type="checkbox"/>	
104	Introduction to Environment Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>		204	Project Report	<input type="checkbox"/>	<input type="checkbox"/>	
105	Introduction to Environment	<input type="checkbox"/>	<input type="checkbox"/>		205	Environmental Economics and Indian Environmental Scenario	<input type="checkbox"/>	<input type="checkbox"/>	
106	Environmental Legislation	<input type="checkbox"/>	<input type="checkbox"/>		*206	Colloquium	<input type="checkbox"/>		
*107	Written, Analysis & Communication Skills	<input type="checkbox"/>			*207	Corporate Social Responsibility	<input type="checkbox"/>		
	*Out of 50 marks (15/35)	Total				Total	Total		

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. 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 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 College. The form should be attached, with necessary fees and certificates, alongwith the concerned examination form.**