University of Pune



FRESH/REPEATER/WHOLE REPEATER
[Form should be filled in CAPITAL letters]

SECOND EXAMINATION FOR THE DEGREE OF M.B.B.S., October/April 20 .

To,

THE CONTROLLER OF EXAMINATIONS, University of Pune, Pune-411007.

Sir,

I request permission to present myself for ensuing SECOND Examination for the Degree of M.B.B.S.

		Batch No.
1.	Name of College :	
2.	Name of Centre :	
2		
3.	Name in full :	Name
Father's/Husband's Name Mother's Name *Note : Applicant from South India and up-countries should write the name in manner in which the same should appear on University Degree and other Record. Leave one space between two names. Mother's Name		
Name in Devnagiri Script : """		
4.	SC ST OBC DT NT Not Applicable	
	C T O D N	
5.	Sex Code M F 6. Permanent Registration	on Number
7.	I appeared for this examination in the month of	
	Seat No. Month & Year Image: Seat No. Image: Seat No. Image: Seat No. Image: Seat No.	Seat No. Month & Year
Note : The student is requested to attach the Xerox Copy of the statement of marks of the latest examination/or attempt.		
DECLARATION I hereby declare that I have gone through the syllabus prescribed for the examination for which I am appearing. I shall be responsible for any errors and wrong or incomplete entries made by me in the Examination Form.		
Place	e : Date : S	ignature :
8.	Race and Religion :	
9.	Date of Passing the XIIth (10+2) Pre-Professional	
10.	Examination with Biology and Name of the University \int	
10.	Number of attempts for Second M.B.B.S. Examination :	
11.	-	
12. 13.	Local Address (for Correspondence) :	

(* To be struck out if not applicable).

- Certificate to be signed by the Head of the College at which the Candidate has studied.
- (A) * I certify that
- 1. is to the best of my knowledge and belief, a person of good conduct and that he/she has been engaged in medical studies for three academic terms after passing the First M.B.B.S. Examination;
- 2. he/she has attended a course of lectures and demonstrations in Pharmacology including Pharmaco Therapy extending over two terms.
- 3. he/she has attended a course of demonstrations and practical work in Pharmacy extending over one term.
- 4. he/she has attended a course of lectures, demonstrations and practical work in Pathology extending over two terms.
- 5. he/she has attended a course of lectures, demonstrations and practical work in Bacteriology and Elementary Parasitology extending over two terms.
- 6. he/she has attended a course of instruction in Chemical Pathology and Clinical Pathology and Bacteriology.
- 7. he/she has performed at least 10 autopsis as a postmorten clerk.
- 8. he/she has attended a course of instruction in Forensic Medicine and Toxicology, including demonstration, extending over one term.
- 9. he/she has attended six medicolegal autopsis.
- 10. he/she has my permission to present himself/herself for the ensuing Second Examination for the Degree of M.B.B.S.

Or

(B) I certify that failed to pass in the Second M.B.B.S. examination held in 20 and that, during the inverval between the declaration of his/her failure and the date of this application he/she pursued a further course of study in the subjects of the Examination to my satisfaction. I also certify that he/she is a person of good conduct and that he/she has my permission to present himself/herself for the ensuing Second M.B.B.S. Examination.

I also certify that his/her statement as to his/her having obtained at a previous exam. marks sufficient to entitle him/her to claim exemption, which is not beyond SIX YEARS, from the subject of ______ is correct.

Place _____

Signature : _____

Date :

Dean/Commandant/Principal, _____ Medical College.

*To be struck out, if not applicable.