

Price : Rs. 20/-

UNIVERSITY OF PUNE

No.



APPLICATION FORM FOR ADMISSION TO M.Sc. (Semester Course) (Science Subject) EXAMINATION (For Regular Candidate Only)

FACULTY OF SCIENCE

Instruction to Candidate :

This exam. form alongwith fee receipt should be returned to the concerned College after remitting the required fees in Bank.

To,

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

Sir,

I desire to appear for the Examination Course/s mentioned below to be held in April/May/Oct./Nov. 200 .

Examination Seat No. To be filled in by the Office

Examination Details

- 1. Name of the Centre at which appearing :
2. Name of the College :
3. Subject :
4. Permanent Registration Number of M.Sc.
5. Mention Full Name in legible BLOCK LETTERS :

For Office Use Only Batch Sr. No.

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

Name before marriage, if applicable : Phone (Res./Office) Mobile No. E-mail :

\*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.

Also in Devanagari Script

- 6. Please tick in appropriate block :
7. Male Female

Table with 5 columns: SC, ST, OBC, DT/NT, Not Applicable

- 8. Part Combination appearing for : Tick the right Combination :

Table with 4 columns: I Sem., II Sem., III Sem., IV Sem.

- 9. Year 200 & Seat No. for the previous Latest Appearance

- 10. If exempted from paying examination fees tick the right category : (Not applicable to the External Candidate)

Table with 6 columns: BC, EBC, NT/DT, Freedom Fighter's Children, Service Personnel Children, Primary Teacher's Children

No. of Courses/Subjects Exam. Fee Statement of Marks Fee CAP Fee Passing Cert. Late Fee Total Fee

- 11. I pay herewith Rs. as examination fee, statement of marks fee and details of which are :

- 12. 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 :

Mobile Phone No. Phone No.

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.

Yours faithfully,

Place Date Signature of the Candidate

Certificate

I certify that the above named candidate obtained the degree of from the University of in year and is a regular student of this College/Institute/Department.

Place Date College Stamp Signature of the Principal/Head of the Dept. P.T.O.

**FACULTY OF SCIENCE**

**Important Instructions :**

1. Candidate will be entirely responsible for incorrect and incomplete information.
2. Mention the correct Title and Code No. of the Subjects for which candidate would be appearing for the Annual Examination. No change thereafter will be entertained.
3. Write down only those courses for which you would be appearing for the end of term examination.
4. Write the title of the courses under the University or Department column as applicable.
5. Course Number should be checked and correctly written as appearing in the syllabus.

	Title of the Course			
	Course No.	University Course	Course No.	Departmental Course
First Semester				
Second Semester				
Third Semester				
Fourth Semester				