

Examination Form Fee : 20/-

(To be paid with examination fees)



**SAVITRIBAI PHULE PUNE UNIVERSITY
DEPARTMENT OF FOREIGN LANGUAGES**

Examination for the **Intensive Certificate** Course in French / German / Spanish

To,
The Controller of Examinations,
Savitribai Phule Pune University, Pune – 411 007.

Sir,
I desire to appear for the examination for the Intensive Certificate Course in _____ Language to be held in _____ 20_____.

I hereby declared that I shall not claim any concession on religious ground.

Place:

Yours faithfully,

Date:

(Signature of Student).....

PERSONAL DETAILS

Name In full (CAPITAL LETTERS).....
Surname Name Father's/Husband'sName Mother's Name

(Name in Devanagari Script)

Male / Female

Regular or Ex-student Seat No.(For Ex-student only) P.R. No.....

Date of Passing S.S.C. Examination of Maharashtra State Board or Equivalent

Residential Address

Mobile No. Phone No. (Res./Office)

CERTIFICATE

Certified that Shri. / Smt. has attended during one term, the course appointed for this examination, as specified hereunder:

Terms	Number of Days	Percent (%)	Remark
FromAug - 20 toDec.-20			

Place :

Date :

Signature of Class Teacher

Head
Dept. of Foreign Languages
Savitribai Phule Pune University

Without Late Fee Challan

This challan is valid till dt. 16 /10/2017 only.



Please Accept Rs. 740/-
Sign. & Date : _____

(FOR THE BANK) **A**

(FOR THE UNIVERSITY) **B**

(FOR THE CANDIDATE) **C**

(To be attached to the application) **D**

BANK OF MAHARASHTRA
Savitribai Phule Pune University Campus
Branch Only

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Foreign Languages Dept. Code No. 019

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Pune University the sum of Rs. 740/-

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(In Words) Seven Hundred & Forty
Only.

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Particulars	Code	Rs.	Ps
Examination Fee	101001	480	00
Statement of Marks	113003	80	00
C. A. P.	113031	80	00
Passing Certificate	113039	80	00
Exam. Form Fee	105004	20	00
Total		740	00

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Name of the Student (In Full, Block Letters)

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Academic Year _____

Academic Year _____

Academic Year _____

Academic Year _____

Course : Intensive Certificate in
French / German / Spanish

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Date :

Date :

Date :

Date :

Place

Place

Place

Place

Seal of the Bank

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