



**SAVITRIBAI PHULE PUNE UNIVERSITY**  
Application form for admission to the examination for B.Sc. B.Ed.  
(Integrated) (2021-22)

Price :Rs.30

**To,**  
**The Controller of Examination,**  
**Savitribai Phule Pune University,**  
**Pune – 411007.**

For office use only			
Batch No.			
Sr. No.			

Sir,  
I desire to appear for F.Y. / S.Y. /T.Y./Final Year B.Sc.B.Ed. (Integrated) Examination to be held in April / May 2022

**Examination Details**

1. Examination appearing for  
(tick right entry) (✓)

Both Area A & B	Area A	Area B
01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>

2. Name of the College \_\_\_\_\_

3. Name of the Centre at which appearing \_\_\_\_\_

4. 

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

5. 

Male	Female
1	2

Pervious Name Changed Yes   
No

\*[Applicants from South India and Up countries should write the name as it should appear in University records]

6. \*Name \_\_\_\_\_  
(In Block Capital letters) (Surname) (Name) (Father's /Husband's Name)  
\_\_\_\_\_  
(Mother's Name)

7. Name in Devnagari Script: \_\_\_\_\_

**8. TO BE FILLED BY REPEATER STUDENTS ONLY:**

(i) Latest previous appearance Year Month Seat No. Examination Fee Rs. \_\_\_\_\_  
for B.Sc.B.Ed. (integr.) C.A.P. Fee Rs. \_\_\_\_\_  
Examination at University of Pune Statement of marks fee Rs. \_\_\_\_\_  
Pune Passing certificate fee Rs. \_\_\_\_\_  
Late fee Rs. \_\_\_\_\_

(ii) Permanent Registration Number, if applicable \_\_\_\_\_

Total of Exam. Rs. \_\_\_\_\_

Fee Paid Rs. \_\_\_\_\_

10. The category, if the examination fee is reimbursed by Government

BC	EBC	Primary teacher's children	Freedom fighter's children	NT/DT	Service personnel children

11. No of courses for appearing

12. Details of qualifying examination:  
Name of the Degree Name of University Year & Month of Passing Year in which first degree taken  
\_\_\_\_\_  
\_\_\_\_\_

13. Permanent address : \_\_\_\_\_ Pin code \_\_\_\_\_

14. **Declaration:** I hereby declare that I have gone though the syllabus and the list of books for the examination I shall be responsible for any errors and wrong or incomplete entries made by me in the form. I shall not request for any special concession such as a change of name, time or day fixed for the University examination etc. on religious or any other ground.

## Final Year B.Sc. B.Ed.

Marks

Course	Subject	500	
4101	Introduction to Guidance and Counseling In School	80	20
4102	Introduction to Educational Research	80	20
4103	Advanced Pedagogy and Teaching	80	20
4104	Advanced Evaluation Procedure in Learning	80	20
4105	Instructional design and Integration of ICT in teaching learning	80	20
<b>Chemistry</b>		<b>300</b>	
4111	Organic Chemistry (Term I & II)	80	20
4112	Agricultural chemistry and Dairy Chemistry	80	20
4113	Practical Course	80	20
<b>Mathematics</b>		<b>300</b>	
4121	Operations Research and Optimization Techniques	80	20
4122	Number Theory & Computational Geometry	80	20
4123	Practical course	80	20
<b>Physics</b>		<b>300</b>	
4131	Computational Physics & Electronics	80	20
4132	Astronomy and Astrophysics & Lasers	80	20
4133	Practical Course	80	20
<b>Zoology</b>		<b>300</b>	
4151	Parasitology & General Embryology	80	20
4152	Cell Biology & Public health and Hygiene	80	20
4153	Practical Course	80	20
<b>Pedagogical Practicum</b>		<b>200</b>	
4201	ICT INTEL PROGRAMME CO-CURRICULAR, HEALTH & SOCIAL SERVICE	100	
4202	ENTREPRENEURSHIP DEVELOPMENT	40	
4303	INTERNSHIP	60	

Date: .....

Name of the Candidate: \_\_\_\_\_

Certificate from the Principal of the College:

- ( i ) I certify that the above named candidate is / was a student of this college.
- ( ii ) That above named candidate has completed— Internal test and Practicum.
- (iii) I am satisfied that he/she is eligible to appear at the said examination as per University rules.

Place: .....

Seal and Signature of the

Date:.....

Principal of the College

**Certificate to be signed by the Principal of a College of Education  
(Applicable to Repeater Students appearing for Area- B only)**

I certify that Shri/Smt. \_\_\_\_\_

has put in a minimum attendance of one year necessary for his/her work.

Place:

Signature: \_\_\_\_\_

Date

Principal