

Savitribai Phule Pune University



Form No :1798-00063

Examination Form Mar/Apr 2023

Course Name MA 2019 Credit Pattern

PRN. 2492204688 Eligibility No. 12022046232 Total Fee to be Paid: 820

PUNCODE CAAN017980 College (0765) K.K.Wagh Arts Commerce Science and Computer Science

Instructions to the Candidate:

- 1. This Exam form along with fee amount should be submitted to the concerned college .
- 2.Repeater students should attach attested true copy of the latest mark sheet alongwith this form.

College

3. This form will be considered **ONLY AFTER APPROVAL** from the concern College Login.

To,

Director,

Board of Examination & Evaluation, Savitribai Phule Pune University, Pune-411 007.

Sir/Madam,

I request permission to present myself at the examination courses, mentioned below .

1.Personal Details:			
Name of the Applicant		KEDARE KARUNA BHANUDAS	
Name of the Applicant's Mother		SHITAL	
Address for Communication		AT POST NANDURDI TAL NIPHAD DIST NASHIK	
Email-ID	karunakedare123@gmail.co m	Contact Number	8055338313
Gender	Female	Category	SC
Divyang/Learning Disable	No	Medium of Instruction	Marathi
ABCId	843947730539		

2.App	Applied Subjects Information :							
Year/ Sem	Sub Code	Subject Name	Internal	External/ Theory	Grade/ Online	Practical/ Sessional	Project	Oral
2	20091	HUMAN RIGHTS - II	Y	N	N	N	N	N
2	20092	INTRODUCTION TO CYBER SECURITY - II	Y	N	N	N	N	N
2	22201	APPROACHES TO HISTORY	Y	Y	N	N	N	N
2	22202	IDEAS & INSTITUTIONS IN MEDIEVAL INDIA	Y	Y	N	N	N	N
2	22203	SOCIO-ECONOMIC HISTORY OF THE MARATHAS	Y	Y	N	N	N	N
2	22205	NATURE OF DALIT MOVEMENT IN MAHARASHTRA	Y	Y	N	N	N	N



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3. Fee Details		
Fee Type	Fee Amount	Remarks
Form Fee	20	
Exam Fee	510	
Passing Certificate Fee	0	
CAP Fee	85	
Statement Of Marks Fee	85	
Project Fee/Dissertation	0	
EVS Fee	0	
Internal Marks Fee	120	
Departmental Fee	0	
Transcript Fee	0	
Late Fee	0	
Fine Fee	0	
Total Fee to Be Paid:	820	

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 SHALL BE RESPONSIBLE for any errors and wrong or incomplete entries made by me in the Examination form.

I shall not request for special concession such as change in the time and/or day fixed for the University examination etc. on religious or any other grounds.

Yours faithfully.

Note:Special Subject(s) should be verified by the subject teacher & signed.

Please, Select Optional Subject(s) carefully, because Optional Subject(s) are not editable.

Signature of the Candidate	Date :	Place :
Stamp & Signature of the Principal	Date :	Place :