RECEIPT FOR EXAMINATION FORM REGULAR **JUN-2022**





Transaction Details

Transaction ID	22062427517785477629		Payment Status Done on Jun 24 2022 3:10PM				
Application Number	exr22823001501		Application Insertion Date		Jun 24 2022 3:08PM		
Application Fee	₹ 1640	Late Fee	₹ 0	Portal Fee	₹ 26 GSTIN	23AAECM7539B1ZQ	QR Scan to
CGST	₹ 0.00	SGST	₹ 0.00	Total Amount	₹ 1666.00		verify
College/Course Details							

Semester Type:	Other Then Zero Sem				
Semester/year	4 Semester/year	Medium			
Examination Session	JUN-2022	Examination Type*	REGULAR		
Enrollment Number	R218237200042	Roll Number	2182300097		
Course Name	BE COMPUTER SCIENCE	Course Mode	REGULAR		
College/UTD Name	823 -DEPARTMENT OF UNIVERSITY INSTITUTE OF TECHNOLOGY BHOPAL				

Student's Details

Student Name	AMAN KAPIL				
Father's Name	MANOHAR KAPIL	Mother's Name	SUNITA KAPIL	Date of Birth	31 Mar 2002
Gender	Male	Employee Ward	No	Handicapped	No
Nationality	Indian	Non-Resident Indian	No	Domicile	Yes
Address	GRAM SARAY PO DIST KHANDWA		Mobile No	81XXXXXX	91

Last Examination Details

Session	Semester/year	Obtain Marks	Total Marks	Result
1212020 12:00:00 AM	1	SGPA0740	25	PASS
JUN2021	2	SGPA0856	25	PASS

^{*}Examination Type REGULAR अर्थात Main Examination Form,ATKT अर्थात ATKT Examination Form,EX अर्थात Ex Student Examination Form

3 25 JAN2022 **SGPA0768 PASS**

Exam Paper Details

S.No	. Paper Code	Paper Name	Paper Type
1	401	ENGINEERING MATHEMATICS III	Theory,Internal
2	402	DATA SCIENCE	Theory,Internal
3	403	INTERNET OF THINGS	Theory,Internal
4	404	THEORY OF COMPUTATION	Theory,Internal
5	405	COMPUTER SYSTEM ORGANIZATION	Theory,Internal
6	406	DATA SCIENCE LAB	Practical,Internal
7	407	COMPUTER SYSTEM ORGANIZATION LAB	Practical,Internal
8	408	SOFT SKILL LAB	Practical,Internal
9	409	SOFTWARE LAB II	Practical,Internal
10	410	SEMINAR	Practical,Internal

Note

1. ऑनलाइन फॉर्म भरने एवं शुल्क भुगतान करने की सुविधा सीधे छात्रों को उपलब्ध कराई गई है। अतः छात्र स्वयं फॉर्म भरें एवं शुल्क का भुगतान करें। 2. किसी अन्य व्यक्ति या इंटरनेट कैफे से किये गए भुगतान हेतु छात्र स्वयं जिम्मेदार

3. फॉर्म भरने एवं भुगतान करने के उपरांत फॉर्म को सभी आवश्यक दस्तावेजो के साथ सम्बंधित विभाग में जमा करे, अन्यथा फॉर्म स्वतः ही निरस्त हो जावेगा।

अग्रेषणकर्ता के हस्ताक्षर:-

नाम:-

पदमुद्रा:-