



Savitribai Phule Pune University



Examination Form Mar/Apr 2022

Form No :1058-00274

Course Name BACHELOR OF ARCHITECTURE 2019 Credit Pattern

PRN.	1151921001085	Eligibility No.	12021236637	Total Fee to be Paid:	1000
PUNCODE	CARP010580	College	(0) Marathwada Mitra Mandals College of Architecture		

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.
- 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		SAYALI PRAKASH KENGAR	
Name of the Applicant's Mother		SUNANDA	
Address for Communication		3/991, Yashwant residenti, torana nagar, Shahpur, Ichalkaranji, Kolhapur, Maharashtra:-416121	
Email-ID	sayali.kengar@mmcoa.edu.in	Contact Number	8237422662
Gender	Female	Category	SC
Divyang/Learning Disable	No	Medium of Instruction	English

Applied Subjects Information :

Year/ Sem	Sub Code	Subject Name	Internal	External/ Theory	Grade/ Online	Practical/ Sessional	Project	Oral
2	1201909	ARCHITECTURAL DESIGN I	N	N	N	N	N	Y
2	1201910	BUILDING CONSTRUCTION & MATERIALS II [P]	Y	Y	N	N	N	N
2	1201911	BUILDING CONSTRUCTION & MATERIALS II [SV]	N	N	N	N	N	Y
2	1201912	THEORY OF STRUCTURES II	Y	Y	N	N	N	N
2	1201913	ARCHITECTURAL GRAPHICS AND DRAWING II	N	N	N	Y	N	N
2	1201914	HISTORY OF ARCH & CULTURE II	N	N	N	Y	N	N
2	1201915	FUNDAMENTALS OF ARCHITECTURE	N	N	N	Y	N	N
2	1201916	WORKSHOP II	N	N	N	Y	N	N
2	1201918 C	PERFORMING ARTS	N	N	Y	N	N	N
2	22999	DEMOCRACY, ELECTION AND GOVERNANCE	N	N	Y	N	N	N



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3. Fee Details		
Fee Type	Fee Amount	Remarks
Form Fee	30	
Exam Fee	680	
Passing Certificate Fee	0	
CAP Fee	145	
Statement Of Marks Fee	145	
Project Fee/Dissertation	0	
EVS Fee	0	
Internal Marks Fee	0	
Departmental Fee	0	
Transcript Fee	0	
Late Fee	0	
Fine Fee	0	
Total Fee to Be Paid:	1000	

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.

Place : _____ Date : _____

Signature of the Candidate

Place : _____ Date : _____

Stamp & Signature of the Principal