

Savitribai Phule Pune University



Form No :1805-02169

Examination Form Oct/Nov 2024

Course Name B.E.(2019 PAT.)(COMPUTER)

PRN. 72298867C Eligibility No. 12021196152 Total Fee to be Paid: 1000

PUNCODE CEGN018050 College (47) Institute of Engineering

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		MORE SARANG GOPAL				
Name of the Applicant's Mother		VAISHALI				
Address for Communication		AT POST VANI KH TAL DINDORI				
Email-ID	sarangmore9860@gmail.co m	Contact Number	9710791791			
Gender	Male	Category	OBC			
Divyang/Learning Disable	No	Medium of Instruction	English			
ABCId	715288678212					

2.Applied Subjects Information :										
Sem	Sub Code	Subject Name	TW	INSEM	ONLIN E	TH	PR	OR	GRD	TUT
7	410241	DESIGN AND ANALYSIS OF ALGORITHMS	-	Υ	-	Y	-	-	-	N
7	410242	MACHINE LEARNING	-	Y	-	Y	-	-	-	N
7	410243	BLOCKCHAIN TECHNOLOGY	-	Y	-	Y	-	-	-	N
7	410244C	CYBER SECURITY AND DIGITAL FORENSICS	-	Y	-	Y	-	-	-	N
7	410245D	SOFTWARE TESTING AND QUALITY ASSURANCE	-	Y	-	Y	-	-	-	N
7	410246	LABORATORY PRACTICE - III	Y	-	-	-	Y	-	-	N
7	410247	LABORATORY PRACTICE - IV	Y	-	-	-	-	-	-	N
7	410248	PROJECT STAGE - I	Y	-	-	-	-	-	-	N
7	410249B	ENTERPRENEURSHIP DEVELOPMENT	-	-	-	-	-	-	Y	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 : ____

Place :_____ Date : _____ Signature of the Candidate

Stamp & Signature of the Principal