



**SARVAJANIK
UNIVERSITY**

INCLUSIVE | INTEGRATED | INNOVATIVE

creating an enlightened society...

Sarvajanik University

M.T.B. College Campus, Opp. Chowpati, Athwalines, Surat-395001

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website: www.sarvajanikuniversity.ac.in

Sarvajanik Education Society



Examination Form
S-2024 Regular Exam

Name	VYOM PREMAL JOSHI		
Enrollment no	ET23MTCA069	Programme	Master of Computer Application
Semester	II	Institute	Sarvajanik College of Engineering and Technology

Sr.No.	Course Code	Name of the Course
1	MTCA13201	Java Web Technologies
2	MTCA13201	Java Web Technologies
3	MTCA13202	Fundamentals of Networking
4	MTCA13203	.NET Programming with C#
5	MTCA13203	.NET Programming with C#
6	MTCA13204	Python Programming and Data Science
7	MTCA13204	Python Programming and Data Science
8	MTCA13205	Cloud Computing and DevOps
9	MTCA16206	Software Project-2

Total ₹ : 1500	Payment Date : 01/04/2024
Payment Mode : Online	Transction Id : ZQ228220025

Date:

Signature of Student

-----**For Office Use Only**-----
(To be certified by the Dean/HOD)

CERTIFIED THAT:

- 1) The entries in the examination form have been examined and verified properly and found correct. The candidate is eligible to appear in the examination as per relevant ordinance and rules of Sarvajanik University, Surat
- 2) The candidate has deposited the requisite exam and other levied fees.
- 3) The aforesaid candidate is not debarred from appearing at the above examination (Due to rustication, expulsion, attendance, practical's, illness etc.) and has completed the academic requirement as per ordinance of the University
- 4) If due to any reason the student does not complete the academic requirement up to the time of exam the candidate will be debarred from appearing in the examination same will be informed to Registrar/CoE of Sarvajanik University.
- 5) Attendance of the candidate till now is above the adequate criteria of total classes held. If its attendance falls below the adequate criteria up to the time of commencement of examination will be debarred from appearing in the examination and the same will be informed to Registrar/CoE of Sarvajanik University

Signature of Verifier

Date:

Institute Seal

Signature of Dean/Principal

-----**For Office Use Only (Institute Copy)**-----

The student **VYOM PREMAL JOSHI - ET23MTCA069** has paid Rs. **1500** as Exam fees for **S-2024 Regular Exam Form**

Signature of Verifier

Date:

Institute Seal

-----**For Office Use Only (Student Copy)**-----

CANDIDATE'S DECLARATION:

- 1) I certify that this examination form has been filled correctly and the information given therein is correct and I shall be personally responsible for the same.
- 2) I understand that if it is found that the information furnished above is false then my result of examination will be cancelled.
- 3) I assure you that I will complete the requirement of attendance and academic term work prescribed for the course of my registration. In case later it is found inadequate, than I will not able to give examination as if given it will be deemed cancelled. Kindly permit me to appear in the examination.
- 4) I accept to abide by all the rules and regulations of study and examination as prescribed by the Department/Institution and Sarvajanik University, Surat.
- 5) I have read the relevant ordinance applicable to be and have completed all the requirements as given in it.
- 6) I have completed my studies and have no objection in appearing in examination on the date declared by the Sarvajanik University.

The student **VYOM PREMAL JOSHI - ET23MTCA069** has paid Rs. **1500** as Exam fees for **S-2024 Regular Exam Form**

Signature of Verifier

Date:

Institute Seal