



# Savitribai Phule Pune University



Examination Form Mar/Apr 2020

Form No :1113-00216

Course Name S.E.(2015 PAT.)(COMPUTER)

PRN.	71905725G	Eligibility No.	12018242555	Total Fee to be Paid:	1000
PUNCODE	CEGP011130	College	(0022) ARMY INSTITUTE OF TECHNOLOGY PUNE.		

## 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	NIKHIL SINGH KOTWAL				
Name of the Applicant's Mother	RAJNI KOTWAL				
Address for Communication	AIT PUNE, ADL. KALAM HOSTEL ,DIGHI HILLS,PUNE				
Email-ID	nikhilkotwalcoc@gmail.com	Contact Number	9682636577		
Gender	Male	Category	OPEN		
Divyang/Learning Disable	No	Medium of Instruction	English		

## Applied Subjects Information :

Sem	Sub Code	Subject Name	TW	INSEM	ONLINE	TH	PR	OR	GRD
4	207003	Engineering Mathematics III	Y	-	Y	Y	-	-	-
4	210251	Computer Graphics	-	-	Y	Y	-	-	-
4	210252	Advanced Data Structures	-	-	Y	Y	-	-	-
4	210253	Microprocessor	-	-	Y	Y	-	-	-
4	210254	Principles of Programming Languages	-	-	Y	Y	-	-	-
4	210255	Computer Graphics Lab	Y	-	-	-	Y	-	-
4	210256	Advanced Data Structures Lab	Y	-	-	-	Y	-	-
4	210257	Microprocessor Lab	Y	-	-	-	Y	-	-
4	210258D	STRESS RELIEF: YOGA AND MEDT.    210258D	-	Y	-	-	-	-	-



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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	
<b>Total Fee to Be Paid:</b>	<b>1000</b>	

## 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