

# Savitribai Phule Pune University



Form No :1044-02194

## Examination Form Mar/Apr 2023

Course Name S.E.(2019 PAT.)(INFORMATIOM TECHNOLOGY)

PRN. 72278756B Eligibility No. 12021226820 Total Fee to be Paid: 1000

PUNCODE CEGP010440 College (5) SCTRs Pune Institute of Computer Technology

## 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		KHANDELWAL HARSH BIPIN			
Name of the Applicant's Mo	other	KAVITA			
Address for Communication		49B, near ZHALANI HOSPITAL,KHOPESHWAR TEMPLE, MISKIN NAGAR,SAVEDI AHMEDNAGAR			
Email-ID	harshkhandelwal2525@gmai I.com	Contact Number	9529993590		
Gender	Male	Category	EWS		
Divyang/Learning Disable	No	Medium of Instruction	English		
ABCId	775341580460				

2.App	lied Subjec	Information:								
Sem	Sub Code	Subject Name	TW	INSEM	ONLIN E	TH	PR	OR	GRD	TUT
4	207003	ENGINEERING MATHEMATICS-III	Y	Y	-	Y	-	-	-	N
4	214451	PROCESSOR ARCHITECTURE	-	Y	-	Υ	-	-	-	N
4	214452	DATABASE MANAGEMENT SYSTEM	-	Y	-	Υ	-	-	-	N
4	214453	COMPUTER GRAPHICS	-	Y	-	Y	-	-	-	N
4	214454	SOFTWARE ENGINEERING	-	Y	-	Υ	-	-	-	N
4	214455	PROGRAMMING SKILL DEVELOPMENT LAB	Y	-	-	-	Y	-	-	N
4	214456	DATABASE MANAGEMENT SYSTEM LAB	Y	-	-	-	Y	-	-	N
4	214457	COMPUTER GRAPHICS LAB	-	-	-	-	Y	-	-	N
4	214458	PROJECT BASED LEARNING	Y	-	-	-	-	-	-	N
4	214459D	INTELLECTUAL PROPERTY RIGHTS    214459D	-	-	-	-	-	-	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.

Signature of the Candidate	Date :	Place :
Stamp & Signature of the Principal	Date :	Place :