

AMC 7793012100000777

Customer Name

SRI RAJAT RA SINGH  
UNIVERSITY

Detail

BY CASH

Ant Deposit 14,600.00 INR

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Hundred Only.

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on 08-06-2020 15:02:47

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सत्यमेव जयते  
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भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India  
Government of India

नामांकन क्रम / Enrollment No.: 2017/97059/00402

To  
रविशंकर पाण्डेय  
Ravishankar Pandey  
S/O: Vinod Kumar Pandey  
Ward No. 05  
Badi Koni  
Koni(ct)  
Koni.  
Bilaspur Bilaspur  
Chhattisgarh 495009  
7898986513

15/05/2014

145683836



ML456838365FT



आपका आधार क्रमांक / Your Aadhaar No. :

**4879 3138 9774**

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



रविशंकर पाण्डेय  
Ravishankar Pandey  
जन्म तिथि / DOB : 01/04/1998  
पुरुष / Male



**4879 3138 9774**

आधार - आम आदमी का अधिकार





# SHRI RAWATPURA SARKAR UNIVERSITY

Raipur, Chhattisgarh, India

(Established under Chhattisgarh Act No 13 of 2005 & approved u/s 2(f) of UGC Act 1956)

(All the information should be filled by the Examinee in English only)

## EXAMINATION FORM

Form No. ....

Examinee Status (V): Regular ☒ ATKT/Suppl. ☐ Month June Year 2020

1. Course: MCA 1st 2. Semester/Year: 1st

3. Branch/ Specialization: MCA

4. Enrollment Number 

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5. Exam Roll Number 

2	0	1	9	0	7	7	1		
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6. Examinee's Name (in Capital Letters): RAVISHANKAR PANDEY

7. Father's/Husband's Name (in Capital Letters): MR. VINOD PANDEY

8. Mother's Name (in Capital Letters): MRS. ARCHANA PANDEY

9. Date of Birth: 01-04-1998 13. Category: Gen 14. Gender: male 15. Nationality: Indian

10. Correspondence Address: Sohar Patel, Bhuzgaon underpass, Raipur  
CG.

District: Raipur State: Chhattisgarh Pin Code: 492015 Contact No: 7898986513

11. I Will be appearing for the following Papers:-

Theory			Practical		
S. No.	Subject Paper Code	Subject Paper Name	S. No.	Subject Paper Code	Subject Paper Name
1	MCACS402	Artificial Intelligence & F.S.	1	MCACS401P	Artificial Intelligence Lab
2	MCACS402	Compiler design	2	MCACS401P	Advanced Java, Lab
3	MCACS403	Software engineering	3		
4	MCACS404	Advanced Java Prog.	4		
5	MCACS405	Neural network & fuzzy logic	5		
6			6		
7			7		
8			8		
9			9		
10			10		

## 12. FOR THE USE OF INSTITUTION OFFICE

ATTACHMENTS				
Fee Receipt No.	Date	Amount (Rs.)	Name of Verifying Officer	Signature

## 13. DECLARATION BY THE EXAMINEE

- 1) I am aware that, I have to fulfill criteria of attendance as prescribed by the University, failing which I shall be held "Not Eligible" and will not be allowed to appear for examination.
- 2) I hereby declare that I have gone through the syllabus as prescribed and adopted by the University and relevant rules of the Head of Passing which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable).
- 3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 4) I am not defying the criteria of the admission order.
- 5) I am not admitted to the course after the cut-off date declared by the University for Grant of terms.

Place:

Date:

  
Signature of Examinee in running hand

## 14. CERTIFICATE BY THE HEAD OF INSTITUTION

This is to certify that .....fulfils the eligibility to appear in University examination for the above mentioned program/papers.

Place:

Date:

Signature & Seal of the HOI





# SHRI RAWATPURA SARKAR UNIVERSITY

(Established under Chhattisgarh Act No 13 of 2005 & approved u/s 2(f) of UGC Act 1956)

Status Tick (v)

VERIFICATION FORM (To be filled in by Candidate)

Exam Roll No.

Regular	Backlog
<input checked="" type="checkbox"/>	<input type="checkbox"/>

2	0	1	5	0	7	7	1								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Course MCA Branch / Specialization MCA Sem/Year 4<sup>th</sup>

Examination to be held in ..... Month ..... year

Candidate's Name (In Capital Letters)

R	A	V	I	S	H	A	N	K	A	R	P	A	N	D	E	Y		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

Note: - Write only theory subjects

(To be completed in the Examination Hall)

For



S.N.	Sem./Yr.	Subject Code	Subject Title	Date of Exam.	Signature of Examinee	Signature of Invigilator
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Signature

With seal of Centre Superintendent

Signature of the candidate



# SHRI RAWATPURA SARKAR UNIVERSITY

(Established under Chhattisgarh Act No 13 of 2005 & approved u/s 2(f) of UGC Act 1956)

Status Tick (v)

ADMISSION CARD (To be filled in by Candidate)

Exam Roll No.

Regular	Backlog
<input checked="" type="checkbox"/>	<input type="checkbox"/>

2	0	1	9	0	7	7	1								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Please Admit Mr. /Ms. Ravishankar Pandey S/D of Mr/Mrs.....

In the ..... Sem/Year ..... Course ..... Branch / Specialization to be held in ..... Month ..... Year in the following subjects :-

S.N.	Sem./Yr.	Subject Code	Subject Title	Tick (v)	
				Th.	Pr.
1	4 <sup>th</sup>	MRACS 401	Artificial intelligence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	4 <sup>th</sup>	MRACS 402	Compiler design	<input checked="" type="checkbox"/>	
3	4 <sup>th</sup>	MRACS 403	Software engineering	<input checked="" type="checkbox"/>	
4	4 <sup>th</sup>	MRACS 404	Advanced Java Prog.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	4 <sup>th</sup>	MRACS 405	Neural network & fuzzy logic	<input checked="" type="checkbox"/>	
6					
7					
8					
9					
10					
11					
12					

For



Signature/Seal of Controller of Examination, SRU, Raipur

Signature

With seal of Centre Superintendent


Signature of the candidate

Scanned with CamScanner

### घोषणा पत्र

मैं वचन देता/देती हूँ कि वर्तमान सत्र में जिसकी परीक्षा हेतु मेरे द्वारा यह आवेदन किया जा रहा है। संस्था में निर्धारित पाठ्यक्रम के अनुसार समस्त सेशनल/प्रोग्रेसिव टेस्ट तथा उपस्थिति की न्यूनतम आवश्यकता को पूरा करूंगा/करूंगी। मैं इस तथ्य से यहाँ भली-भाँति अवगत हूँ कि यदि मैं परीक्षा में सम्मिलित होने हेतु उपस्थिति एवं सेशनल/प्रोग्रेसिव इत्यादि के विश्वविद्यालय के नियमों को पूरा नहीं करता/करती हूँ तो विश्वविद्यालय के नियमानुसार, मेरी उन विषयों की परीक्षा निरस्त मानी जावे, जिनमें कि मुझे नियमित छात्र के रूप में सम्मिलित होना है। यदि इस कारण से मुझे परीक्षा में बैठने से वंचित किया जाता है तो इसका सारा उत्तरदायित्व स्वयं मेरा होगा तथा विश्वविद्यालय में मेरे द्वारा जमा किया गया परीक्षा शुल्क न तो वापिस होगा और न ही किसी अन्य परीक्षा के लिए समायोजित किया जायेगा।

दिनांक : 03-06-2020

  
परीक्षार्थी के हस्ताक्षर  
नाम:- शिवशंकर पाण्डेय  
रोल नंबर:- 20190771