



# Savitribai Phule Pune University



Examination Form Mar/Apr 2024

Form No :1044-04167

Course Name T.E.(2019 PAT.)(INFORMATION TECHNOLOGY)

PRN.	72278623K	Eligibility No.	12021226762	Total Fee to be Paid:	1000
PUNCODE	CEGP010440	College	(0005) SCTR 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		GAIKWAD JAYASH AMOD	
Name of the Applicant's Mother		GAIKWAD UJWALA AMOD	
Address for Communication		BIRDEVNAGAR, JADHAVWADI,PHALTAN-415523	
Email-ID	jaygraje@gmail.com	Contact Number	7875173086
Gender	Male	Category	EWS
Divyang/Learning Disable	No	Medium of Instruction	English
ABCIId	567366756951		

## 2.Applied Subjects Information :

Sem	Sub Code	Subject Name	TW	INSEM	ONLINE	TH	PR	OR	GRD	TUT
6	314451	COMPUTER NETWORKS& SECURITY	Y	Y	-	Y	-	Y	-	N
6	314452	DATA SCIENCE AND BIG DATA ANALYTICS	Y	Y	-	Y	Y	-	-	N
6	314453	WEB APPLICATION DEVELOPMENT	-	Y	-	Y	-	-	-	N
6	314454C	CLOUD COMPUTING	-	Y	-	Y	-	-	-	N
6	314455	INTERNSHIP	Y	-	-	-	-	-	-	N
6	314459B	LEADERSHIP AND PERSONALITY DEVELOPMENT    314459B	-	-	-	-	-	-	Y	N
6	314460	LABORATORY PRACTICE-II	Y	-	-	-	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	
<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