

Savitribai Phule Pune University



Form No :1309-02041

Examination Form Oct/Nov 2023

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

PRN. 72202334M Eligibility No. 12021260450 Total Fee to be Paid: 1570

PUNCODE CEGP013090 College (53) Zeal College of Engineering and Research

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		NARAWADE SANCHIT VASANT			
Name of the Applicant's Mo	ame of the Applicant's Mother				
Address for Communication		Watanwadi ,tal. Ashti ,dist. Beed			
Email-ID	sanchitnarawade2002@gmai I.com	Contact Number	9209012242		
Gender	Male	Category	OPEN		
Divyang/Learning Disable	No	Medium of Instruction	English		
ABCId	895856126778				

Sem	Sub Code	Subject Name	TW	INSEM	ONLIN E	TH	PR	OR	GRD	TUT
4	207003	ENGINEERING MATHEMATICS-III	-	-	-	Y	-	-	-	N
4	214454	SOFTWARE ENGINEERING	-	-	-	Y	-	-	-	N
5	314441	THEORY OF COMPUTATION	-	Y	-	Y	-	-	-	N
5	314442	OPERATING SYSTEMS	-	Y	-	Y	-	-	-	N
5	314443	MACHINE LEARNING	-	Y	-	Y	-	-	-	N
5	314444	HUMAN COMPUTER INTERACTION	-	Y	-	Y	-	-	-	N
5	314445D	INTERNET OF THINGS	-	Y	-	Y	-	-	-	N
5	314446	OPERATING SYSTEMS LAB(TW+PR)	Υ	-	-	-	Υ	-	-	N
5	314447	HUMAN COMPUTER INTERACTION- LAB	-	-	-	-	-	Υ	-	N
5	314448	LABORATORY PRACTICE-I	Υ	-	-	-	Υ	-	-	N
5	314449	SEMINAR	Υ	-	-	-	-	-	-	N
5	314450A	BANKING AND INSURANCE	-	-	-	-	-	-	Y	N

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3. Fee Details			
Fee Type	Fee Amount	Remarks	
Form Fee	30		
Exam Fee	960		
Passing Certificate Fee	0		
CAP Fee	290		
Statement Of Marks Fee	290		
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:	1570		

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 :