

22358010507

JSPM UNIVERSITY, PUNE

Survey No.719/1&2, Pune-Ahmednagar Road, Wagholi, PUNE



B.Tech Sem-VI EXAMINATION, - MAR/ APR 2025

Form No.: 1270 School: School of Computational Sciences, Pune

PRN: 22358010507 ABCID: 331354274561

1. Personal Information:

Full Name : SHUBHRAJEET Sahebrao PATIL Mother Name : USHA

Gender: Male Medium: ENGLISH Physical Disability: Not Applicable

2. Correspondence Address:

Pin Code: 425508 Mobile No: 7720891258 Email ID:

3.Fees Details: 0.00

Tranx. Details: Tranx. Date:

4.Course Details:

Sr.No.	Part /Sem No.	Course Code - Course Name		
1	CMS (Lateral) SEM-VI	230UEEB19_06 - Engineering Economics		
2	CMS (Lateral) SEM-VI	230GMAB10_06 - Foundations of Probability and Statistics with Applications to Computer Science		
3	CMS (Lateral) SEM-VI	230GCSB63_06 - IT Applications and Data Security Systems		
4	CMS (Lateral) SEM-VI	230GCSB28_06 - Database Management Systems		
5	CMS (Lateral) SEM-VI	230IESB03_06 - Entrepreneurship		
6	CMS (Lateral) SEM-VI	230GCSB78_06 - IT Applications and Data Security Systems Lab		
7	CMS (Lateral) SEM-VI	230GCSB35_06 - Database Management Systems Lab		
8	CMS (Lateral) SEM-VI	230GCSB16_06 - Internship / Field Project / Community Engagement Programme		
9	CMS (Lateral) SEM-VI	230GCSB64_06 - IT Network Security		
10	CMS (Lateral) SEM-VI	230GCSB70_06 - IT Network Security Lab		
11	CMS (Lateral) SEM-VI	230GCSB201_06 - Audit Course 1		
12	CMS (Lateral) SEM-VI	230GCSB55_06 - Human Computer Interaction		
13	CMS (Lateral) SEM-VI	230GETB36_06 - Microcontroller and Applications		
14	CMS (Lateral) SEM-VI	230GMEB61_06 - Industry 4.0 and IIOT		
15	CMS (Lateral) SEM-V	230GCSB53_05 - Cyber Security and Privacy (NPTEL_MOOC)		

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Survey No.719/1&2, Pune-Ahmednagar Road, Wagholi, PUNE

EXAM FORM FOR B. Tech (Comp. Sc. & Engg.)(Direct Second Year)

B.Tech Sem-IV EXAMINATION, - MAR/ APR 2025

Form No.: 1270 School: School of Computational Sciences, Pune

PRN: 22358010507 ABCID: 331354274561

1. Personal Information :

Full Name: SHUBHRAJEET Sahebrao PATIL Mother Name: USHA

Gender: Male Medium: ENGLISH Physical Disability: Not Applicable

2. Correspondence Address:

Pin Code: 425508 Mobile No: 7720891258 Email ID:

3.Fees Details: 0.00

Tranx. Details: Tranx. Date:

4.Course Details:

Sr.No.	Part /Sem No.	Course Code - Course Name	
16	CMS (Lateral) SEM-IV	230GMAL02_04 - Multivariate Calculus and Differential Equations	

To, The Controller of Examinations,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for ESE Examination or religious or any other ground. I understand that in the event of any information being found false or incorrect my candidature is liable to be cancelled or rejected.

Declaration

I have carefully scrutinized the form. The Information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment /rectification of the information .He/She is regular student of this college and has completed the required attendance and practical course/term work (if any) according to rules.

Place :	Date :	Student's Signature	GFM Signature	Dean/ Director Signature & Seal

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