



Savitribai Phule Pune University



Examination Form Oct/Nov 2024

Form No :1427-02882

Course Name B.E.(2019 PAT.)(Artificial Intelligence and Data Science)

PRN.	72287736G	Eligibility No.	12021254882	Total Fee to be Paid:	1000
PUNCODE	CEGP014270	College	(24) Dr.D.Y.Patil Institute of 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		KHAIRNAR AADITYA VILAS	
Name of the Applicant's Mother		RUPALI	
Address for Communication		FLAT NO.4, ICHHAMANI PRIDE, KEVAL PARK ROAD, OPPOSITE KHAN BANGLOW, DGP NAGAR NO.02, NASHIK.	
Email-ID	khairnar.aaditya04@gmail.com	Contact Number	8275272376
Gender	Male	Category	OBC
Divyang/Learning Disable	No	Medium of Instruction	English
ABCId	471630112283		

2.Applied Subjects Information :

Sem	Sub Code	Subject Name	TW	INSEM	ONLINE	TH	PR	OR	GRD	TUT
7	417521	MACHINE LEARNING	-	Y	-	Y	-	-	-	N
7	417522	DATA MODELING & VISUALIZATION	-	Y	-	Y	-	-	-	N
7	417523A	QUANTUM ARTIFICIAL INTELLIGENCE	-	Y	-	Y	-	-	-	N
7	417524B	INFORMATION RETRIEVAL	-	Y	-	Y	-	-	-	N
7	417525	COMPUTER LABORATORY I	Y	-	-	-	Y	-	-	N
7	417526	COMPUTER LABORATORY II	Y	-	-	-	Y	-	-	N
7	417527	PROJECT STAGE I	Y	-	-	-	-	Y	-	N
7	417528	MOOC	Y	-	-	-	-	-	-	N
7	417529A	BLOCK CHAIN	-	-	-	-	-	-	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.

Place : _____ Date : _____

Signature of the Candidate

Place : _____ Date : _____

Stamp & Signature of the Principal