

Savitribai Phule Pune University



Form No :1053-02577

Examination Form Oct/Nov 2024

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

PRN. 72301712D Eligibility No. 12023259859 Total Fee to be Paid: 1000

PUNCODE CEGP010530 College (8) D.Y.Patil College of Engineering

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		AAYUSH JOSHI		
Name of the Applicant's Mo	other	SUVARNA JOSHI		
Address for Communication	ı	12a,bonde layout, DasturNagar, Amravati		
Email-ID	aayushrjoshi@gmail.com	Contact Number	8669955043	
Gender	Male	Category	EWS	
Divyang/Learning Disable	No	Medium of Instruction	English	
ABCId	237-420-640-676			

2.App	lied Subjec	ed Subjects Information :								
Sem	Sub Code	Subject Name	TW	INSEM	ONLIN E	TH	PR	OR	GRD	TUT
3	214441	DISCRETE MATHEMATICS	Y	Y	-	Y	-	-	-	N
3	214442	LOGIC DESIGN & COMP. ORGANIZATION	-	Y	-	Υ	-	-	-	N
3	214443	DATA STRUCTURES & ALGORITHMS	-	Y	-	Υ	-	-	-	N
3	214444	OBJECT ORIENTED PROGRAMMING	-	Y	-	Υ	-	-	-	N
3	214445	BASIC OF COMPUTER NETWORK	-	Y	-	Υ	-	-	-	N
3	214446	LOGIC DESIGN COMP. ORGANIZATION LAB	Y	-	-	-	Y	-	-	N
3	214447	DATA STRUCTURES & ALGORITHMS LAB	Υ	-	-	-	Υ	-	-	N
3	214448	OBJECT ORIENTED PROGRAMMING LAB	Y	-	-	-	Υ	-	-	N
3	214449	SOFT SKILL LAB	Y	-	-	-	-	-	-	N
3	214450A	ETHICS AND VALUES IN IT	-	-	-	-	-	-	Υ	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.

Signature of the Candidate	Date :	Place :
Stamp & Signature of the Principal	Date :	Place :