



Degree College of Physical Education, H.V.P.M., Amravati, MS, INDIA

Online Exam Form Acknowledgement

Form No.	231867		
Form Date	10/01/2022		
College Registration no.	DCPE/960/2020		
Applicant's full name	MR. ANKUSH ARUN KAPALE		
Father's Name	MR. ARUN KAPLE		
Mother's Name	MRS. MANGALA		
Date of Birth	13/02/1999		
Caste Category	OBC	Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Address	Teli pura, Behind Nagar Parishad School No.2 At. Anjangaon Surji Dist. Amravati.		
Pincode 1	444705	Phone No.	
Mobile No.	8483037217	Email Id	ankushkapale@gmail.com
Programme Name	MCA2020-MASTER IN COMPUTER APPLICATION (MCA) - CBS		
Admission Type	<input checked="" type="radio"/> Regular Admission <input type="radio"/> Direct Admission to Second Year of selected Programme		
On Grant	<input checked="" type="radio"/> No <input type="radio"/> Yes		
Exam Name	CBS - MCA2020 - MCA SEMESTER III Winter 2021		
Medium	English	Category	<input checked="" type="radio"/> Regular <input type="radio"/> Ex Student
Details of appearing subjects/papers/practicals	Compulsory		
	Theory 20MCA301-Software Design and Project Management 20MCA302-Data Science	Practical 20MCA305-Lab-1 : Practical Data Science Using Python 20MCA306-Lab-2 : Practical Based on Elective -2 20MCA307-Lab-3 : Practical Based on Elective - 3 20MCA308-Online Course/Open Elective	
	Optional		
	Theory 20MCA303-Elective Theory 2 : Internet of Things 20MCA304-Elective Theory 3 : Full Stack Development	Practical	
Subject of Specialization/Methodology			
Specialization in Games and Sports			
Exemption	<input checked="" type="radio"/> No <input type="radio"/> Yes		Tot. Attempts 0
Exempted Course(s)			
Final Semester Student	<input checked="" type="radio"/> No <input type="radio"/> Yes		
Payment Mode	<input type="radio"/> Cash <input type="radio"/> DD <input checked="" type="radio"/> Online Transaction		
Payment Details			
Receipt/DD/Transaction No.	201063614321	Receipt/DD/Transaction Date	10/01/2022
Bank Name	State Bank of India, Anjang	Payee Name	Sagar Arun Kapale

Candidates Uploaded Documents [Fee Payment Snapshot](#) , [Sem I Marksheet](#) , [Sem II Marksheet](#)

I hereby declare,

- ☒ I solemnly affirm that the complete information given in this application form is true and correct.
- ☒ If any information given in this form found to be false, I shall be eligible for imposition of fine and punishment and shall be personally responsible for any loss.
- ☒ I understand that my application form shall be rejected Or result of examination shall not be declared in case of appearing nay discrepancy/deficiency found in this application form as well as for non-compliance of the same within the stipulated time.

Sagar Arun Kapale

**Head of Department
(Sign & Stamp)**

Applicant's Signature

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