1/10/22, 12:41 PM Exam Form

Online Exam Form

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

Home About DCPE Administration Contact

*College Registration no.	DCPE/960/2020			
Form No.	231867			
*Form Date	10/01/2022			
*Applicant's full name (as per Board/University Marksheet)	Mr. Ankush Arun Kapale			
*Father's Name	Mr. ✔ Arun Kaple			
*Mother's Name	Mrs. ✔ Mangala			
*Examinee Gender	● Male ○ Female			
*Date of Birth (dd/mm/yyyy)	13/02/1999 In Words			
Date of Birth (In Words)	Thirteen February Nineteen ninety nine			
Caste Category	OBC •			
*Correspondence Address	Teli pura, Behind Nagar Parishad School No.2 At. Anjangaon Surji Dist. Amravati.			
Pincode 1	444705			
Phone No. 1				
*Mobile No.	8483037217			
*Email Id (Specify gmail Id preferably)	ankushkapale@gmail.com			
*Programme Name	MCA2020-MASTER IN COMPUTER APPLICATION (MCA) - CBS			
_				
Admission Type On Grant	Regular Admission			
*Medium	No ○ YesEnglish ✓			
*Exam Name	CBS - MCA2020 - MCA SEMESTER III Winter 2021 V			
*Examinee Category	Regular Ex Student			
*Details of appearing	Compulsory			
subjects/papers/practicals	✓ Theory (Select All)			
	✓ 20MCA301-Software Design and Project Management ✓ 20MCA302-Data Science			
	✓ Practical (Select All)			
	✓ 20MCA305-Lab-1: Practical Data Science Using Python Practical Based on Elective -2 Practical Based on Elective -3 Course/Open Elective			
	Optional Theory			
	☐ 20MCA303-Elective ☐ 20MCA303- ☑ 20MCA303- ☑ 20MCA304-Elective ☐ 20MCA304-Elective			

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	Theory 2 : Datawarehouse Elective Theory and Data Cloud Network Secur		Theory 3 : Full Stack Development	Theory 3 : Mobile Application Development	
	20MCA304-Elective Theory 3 : Software Testing				
	Practical				
Subject of Specialization/Methodology	Select				
Specialization in Games and Sports	 □ Foot Ball □ Kho-Kho □ Kabaddi □ Handball □ Volleyball □ Badminton □ Aquatics □ Hockey (Note:- Select only if students of Department of Physical Education. If multiple 				
Exemption	specialization then please select multiple game entries.) No O Yes				
Total No. of Attempts made	○ NO ○ Tes				
for passing this examination					
Final Semester Student	● No ○ Yes				
Payment Mode	○ Cash ○ DD ③ Online Transaction				
*Payment Details	*Receipt No./ DD No./ Transaction ID	201063614321			
	*Receipt/ DD/ Transaction Date (DD/MM/YYYY)	10/01/2022			
	* Bank Name (In case of DD/ Online Transaction)	State Bank of India, Anjangaon Surji			
	* Payee Name (In case of DD/Online Transaction)	Sagar Arun Kapale			
*Upload Snapshot of Fee Payment	Choose File WhatsApp Image 2022-01-10 at 12.36.41.jpeg				
*Applicant's Photo	Choose File Passport photo.jpg				
*Applicant's Signature	Choose File Ankush Signature.jpg				
I hereby declare,					
ightharpoonup 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					

☑ 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.

Submit Close