



Savitribai Phule Pune University



Examination Form Oct/Nov 2019

Form No :1363-00292

Course Name First Year B.B.A.(Computer Application) 2019 Credit Pattern

PRN.	Fresh	Eligibility No.		Total Fee to be Paid:	1810
PUNCODE	CAAP013630	College	() Leelawati College		

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		ATIF ABIF	
Name of the Applicant's Mother		KHUSBUNNISHA	
Address for Communication		Warje malwadi pune	
Email-ID	atifabid859@gmail.com	Contact Number	9565552012
Gender	Male	Category	OBC
Divyang/Learning Disable	No	Medium of Instruction	English

Applied Subjects Information :

Year/ Sem	Sub Code	Subject Name	Internal	External/ Theory	Grade/ Online	Practical/ Sessional	Project	Oral
1	CA-101	BUSINESS COMMUNICATION	Y	Y	N	N	N	N
1	CA-102	PRINCIPLES OF MANAGEMENT	Y	Y	N	N	N	N
1	CA-103	C LANGUAGE	Y	Y	N	N	N	N
1	CA-104	DATABASE MANAGEMENT SYSTEM	Y	Y	N	N	N	N
1	CA-105	STATISTICS	Y	Y	N	N	N	N
1	CA-106	COMPUTER LABORATORY BASED ON 103 & 104 (2 CREDITS EACH)	Y	N	N	Y	N	N
1	CA-107A	PPA (ADD-ON)	Y	Y	N	N	N	N



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3. Fee Details		
Fee Type	Fee Amount	Remarks
Form Fee	30	
Exam Fee	1350	
Passing Certificate Fee	0	
CAP Fee	145	
Statement Of Marks Fee	145	
Project Fee/Dissertation	0	
EVS Fee	0	
Internal Marks Fee	140	
Departmental Fee	0	
Late Fee	0	
Fine Fee	0	
Total Fee to Be Paid:	1810	

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

Place : _____ Date : _____

Place : _____ Date : _____

Stamp & Signature of the Principal