



# Savitribai Phule Pune University



Examination Form Oct/Nov 2021

Form No :1427-03877

Course Name T.E.(2019 PAT.)(COMPUTER)

PRN.	72022949K	Eligibility No.	12019160714	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		CHOBHE CHAITANYA ASHOK	
Name of the Applicant's Mother		KAVITA	
Address for Communication		SANT TUKARAM NAGAR	
Email-ID	chaitanyachobhe63623@gmail.com	Contact Number	9822681238
Gender	Male	Category	SEBC
Divyang/Learning Disable	No	Medium of Instruction	English

## Applied Subjects Information :

Sem	Sub Code	Subject Name	TW	INSEM	ONLINE	TH	PR	OR	GRD
5	310241	Database Management Systems	-	Y	-	Y	-	-	-
5	310242	Theory of Computation	-	Y	-	Y	-	-	-
5	310243	Systems Programming and Operating System	-	Y	-	Y	-	-	-
5	310244	Computer Networks and Security	-	Y	-	Y	-	-	-
5	310245D	Software Project Management	-	Y	-	Y	-	-	-
5	310246	Database Management Systems Laboratory	Y	-	-	-	Y	-	-
5	310247	Computer Networks and Security Laboratory	Y	-	-	-	-	Y	-
5	310248	Laboratory Practice I	Y	-	-	-	Y	-	-
5	310249	Seminar and Technical Communication	Y	-	-	-	-	-	-
5	310250B	Professional Ethics and Etiquettes 3	-	-	-	-	-	-	Y
5	310261	DATA SCIENCE AND VISUALIZATION (HONOURS)	Y	Y	-	Y	-	-	-



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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	
<b>Total Fee to Be Paid:</b>	<b>1000</b>	

## 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