

Savitribai Phule Pune University



Form No :1609-01047

Examination Form Mar/Apr 2021

Course Name BACHELOR OF COMMERCE 2019 Credit Pattern

 PRN.
 1201943013
 Eligibility No.
 12019077170
 Total Fee to be Paid:
 670

PUNCODE CAAA016090 College (0034) Chandraroop Dakle Jain College of Commerce

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		HARISHCHANDRE NILESH SUNIL		
Name of the Applicant's Mother		NANDABAI		
Address for Communication		subhash colony ward no.6		
Email-ID	harishchandre47@gmail.com	Contact Number	8668374992	
Gender	Male	Category	OPEN	
Divyang/Learning Disable	No	Medium of Instruction	Marathi	

Applie	ed Subje	ects Information :						
Year/ Sem	Sub Code	Subject Name	Internal	External/ Theory	Grade/ Online	Practical/ Sessional	Project	Oral
3	231	BUSINESS COMMUNICATION - I	N	N	N	Y	N	N
3	236A	BUSINESS ADMINISTRATION - I	N	N	N	Y	N	N
4	241	BUSINESS COMMUNICATION - II	Y	Y	N	Y	N	N
4	242	CORPORATE ACCOUNTING - II	Y	Y	N	N	N	N
4	243	BUSINESS ECONOMICS - II (MACRO)	Y	Y	N	N	N	N
4	244	BUSINESS MANAGEMENT - II	Y	Y	N	N	N	N
4	245	ELEMENTS OF COMPANY LAW - II	Y	Y	N	N	N	N
4	246A	BUSINESS ADMINISTRATION - II	Y	Y	N	Υ	N	N
4	249	AECC-2 ENVIRONMENTAL AWARENESS	Y	Y	N	N	N	N



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3. Fee Details		Remarks	
Fee Type	Fee Amount		
Form Fee	20		
Exam Fee	340		
Passing Certificate Fee	0		
CAP Fee	85		
Statement Of Marks Fee	85		
Project Fee/Dissertation	0		
EVS Fee	0		
Internal Marks Fee	140		
Departmental Fee	0		
Transcript Fee	0		
Late Fee	0		
Fine Fee	0		
Total Fee to Be Paid:	670		

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 Candidat	Date :	Place :
Stamp & Signature of the Principa	Date :	Place :