



RV College of Engineering® *Go, change the world*

(Autonomous Institution affiliated to Visvesvaraya Technological University,
Belagavi)

Bengaluru – 560 059

APPLICATION FOR REGISTRATION (Under-graduate Program: 5th Sem.)



Student Details

Name of the Student (In Capitals)	HARISH PUKALE
Branch (In Capitals)	Computer Science and Engineering
USN	1RV18CS062
Email Id	harishpukale.cs18@rvce.edu.in
Mobile Number	9380315832
Gender	Male
Blood Group	O+
Category	OBC

Counsellor Details

Name of the Counselor(In Capitals)	Dr. VINAY HEGDE
RVCE Mail ID	vinayvhegde@rvce.edu.in
Contact Number	9449782211

Parent Details

Father Name & Contact Number	SANJAYKUMAR PUKALE harish.s.pukale123@gmail.com
Mother Name & Contact Number	SANDHYA PUKALE 9449934283 radhika.s.pukale@gmail.com
Local Guardian Name & Contact Number	Prof. SOMANATH BASUTKAR 9972234987 somanathbasut@gmail.com

Permanent Address (In Capitals):

V V 16/1 Aditya Nagar Malkhed Road Sedam Gulbarga Karnataka India

Pincode:585292

Address of Guardian (In Capitals):

Pincode:

1.	Category of Admission (Tick) & Indicate the Rank
	CET
	705

2.	Current Enrollment for	2020 – 2021 ODD Sem (V Sem)
3.	Details of College Fee Paid	
	Amount (Rs)	
	Challan Number	
	Date of Fee Paid	

4.	Residential Status (Tick)
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Residing in Hostel

5.	Address in case of Hostel with room no.	Name & Address of Owner in case of PG
	New Cauvery Hostel C - 323	

6.	Academic Details		
	Sem	SGPA	CGPA
	I	9.15	9.2
	II	9.25	
	III	8.9	9.1
	IV	9	

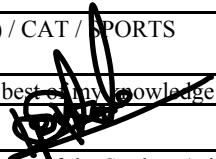
7.	Total number of backlog courses as on date	0
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8.	List of courses to be cleared (if any) as on date (Attach Additional sheet if required as per format)
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Sl. No.	Sem	Course Code	Course
1.			
2.			
3.			
4.			
5.			
6.			

4.	Willing to join the innovative project team (List available in RVCE website) / CAT / SPORTS	
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I certify that the above information is true to the best of my knowledge:

HARISH PUKALE (Name in Caps)	 Signature of the Student (with Date)
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ACKNOWLEDGEMENT

Received from Mr./Ms **HARISH PUKALE** of FIFTH Semester B.E the registration form for the ODD semester of academic year **2020-21** on **02/09/2020**

Dr. Ramakanth Kumar P

Signature of the Counselor		Head of the Department (with Date and Seal)
Name of the Counselor	Dr. VINAY HEGDE	