



# Savitribai Phule Pune University



Examination Form Mar/Apr 2024

Form No :1053-03108

Course Name B.E. (2019 PAT.)(INFORMATION TECHNOLOGY)

PRN.	72017863M	Eligibility No.	12019169436	Total Fee to be Paid:	1655
PUNCODE	CEGP010530	College	(0008) D.Y.Patil College of Engineering		

## 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		PAWAR KALPESH PRAVIN	
Name of the Applicant's Mother		PAWAR SADHANA PRAVIN	
Address for Communication		PLOT NO 38, ASHIRWAD NAGAR ,DHEKU ROAD, AMALNER DIST JALGAON	
Email-ID	kalpeshpawar7875@gmail.com	Contact Number	7875410543
Gender	Male	Category	OBC
Divyang/Learning Disable	No	Medium of Instruction	English
ABCId	274683997471		

## 2.Applied Subjects Information :

Sem	Sub Code	Subject Name	TW	INSEM	ONLINE	TH	PR	OR	GRD	TUT
8	404456	PROJECT STAGE II	Y	-	-	-	-	Y	-	N
8	414450	DISTRIBUTED SYSTEMS	-	Y	-	Y	-	-	-	N
8	414451E	GAME ENGINEERING	-	Y	-	Y	-	-	-	N
8	414452D	BLOCKCHAIN TECHNOLOGY	-	Y	-	Y	-	-	-	N
8	414453	STARTUP AND ENTREPRENEURSHIP	Y	-	-	-	-	-	-	N
8	414454	LAB PRACTICE V	Y	-	-	-	Y	-	-	N
8	414455	LAB PRACTICE VI	Y	-	-	-	-	Y	-	N
8	414457B	CYBER LAWS AND USE OF SOCIAL MEDIA    414457B	-	-	-	-	-	-	Y	N



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3. Fee Details		
Fee Type	Fee Amount	Remarks
Form Fee	30	
Exam Fee	680	
Passing Certificate Fee	145	
CAP Fee	145	
Statement Of Marks Fee	145	
Project Fee/Dissertation	510	
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>1655</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