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# Sanjivani College of Engineering

# (An Autonomous Institution affiliated to Savitribai Phule University, Pune) Kopargaon, Maharashtra 423603

#### **EXAMINATION REGISTRATION FORM**

**BRANCH: INFORMATION TECHNOLOGY** 

NAME: Vaibhav Parashram Vetal GENDER: Male

MOTHER'S NAME: Aruna FATHER'S NAME: PARASHRAM

DATE OF BIRTH: 27-Mar-2004 STUDENT PHONE NO::

**UNIVERSITY ENROLLMENT NO: UIT21M1068** 

**TERM** :2

#### **COURSES IN WHICH STUDENT WANT TO APPEAR**

SI. No	Course Code	Course Title
1	IT415	Project Stage - II
2	IT414	Professional Internship
3	IT4110E3	E-Business
4	IT4120E6	Object Oriented System Development Using UML,JAVA and Patterns
5	IT4130E3	Google Cloud Computing Foundations

#### **UNDERTAKING**

I, the undersigned is a student of Sanjivani College of Engineering hereby agree to abide by rules of the institute. I am fully aware that I must attend the classes with minimum 75% attendance in theory, 80% attendance in practical and internal assessment in each course, only then I shall become eligible to appear for the Final Exam of respective course.

Date: Signature of Student

## CERTIFICATE FROM THE HEAD OF DEPARTMENT

Certified that the above entries made by the student are verified and found correct which qualifies him/her for the said Examination.

Signature of Verifier

Signature of the Head of Department/Institution.
(With Seal)

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## FOR OFFICE USE ONLY

Exam. Fee Rs. 710 Penalty Amount Rs. 0 Total Rs. 710

Accepted/Rejected

**Checked & Approved by**