

**SAVITRIBAI PHULE PUNE UNIVERSITY****Batch No** 1007**Application ID/ Exam form No.** 1602203132322335**SR No** 27**Course Name** MCA(Management) 2013
CBCS Pattern

APR 2016

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.

To,**The Controller of Examinations, Savitribai Phule Pune University, Pune-411 007.**

Madam/Sir, I request permission to present myself at the examination courses, mentioned below

1.Personal Details:

Name of the Applicant	PAWAR ANJALI SANJAY
Name of the Applicant's Mother	JAYASHRI
Gender	Female
Category	OPEN
Address for Communication	At.Post-Jeur(Ba),Tal.Dist-Ahmednagar Ahmednagar Nagar 414601
Contact Number	8308571098
Permanent Registration Number:(PRN)	2031300426
11 digit UNIPUNE ID. (Eligibility No.)	NA
Email-ID	anjali pawar2015@gmail.com
Sports Info / Extra Information	NA
Is Physically Disabled	NO
Medium of Instruction	ENGLISH
Those students who desire to claim benefit under 0.163 will have to submit their prescribed form with requisite fees of Rs. 10/- and necessary certificates thereof through the Principal of their College before the commencement of this examination only. Prescribed forms are available in the College Office. <i>After the declaration of the Result such application will not be accepted.</i>	

2. Examination Details

College Name	INSTITUTE OF MANAGEMENT STUDIES,CAREER DEVELOPEMENT & RESEARCH(0457)(IMMA016370)
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Previous Latest Appearance

Year	Month	SeatNo
2015	(DEC)12	14561

Applied Subjects Information :

Year	Sub Code	Subject Name	Internal/ Sessiona I/Viva	External/ Theory	Grade/Practical
6	611	IT61P PROJECT	Y	Y	N

3. Fee Details

Fee Type	Fee Amount	Remarks
Form Fee	30	
Exam Fee	0	
Passing Certificate Fee	125	
CAP Fee	125	
Statement Of Marks Fee	125	
Project Fee/Dissertation	450	
EVS Fee	0	
Internal Marks Fee	15	
Departmental Fee	0	
Late Fee	0	
Sp.Late Fee	0	
Fine Fee	0	

Total Fee to Be Paid: 870 Rs.

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.

Place : _____ Date : _____

Signature of the Candidate

Place : _____ Date : _____

Stamp & Signature of the Principal

Print Date:2/25/2016 3:30:37 PM