



# Savitribai Phule Pune University



Examination Form Mar/Apr 2025

Form No :1044-01081

Course Name B.E.(2019 PAT.)(COMPUTER)

PRN.	72279086E	Eligibility No.	12021226360	Total Fee to be Paid:	1655
PUNCODE	CEGP010440	College	(0005) SCTR Pune Institute of Computer Technology		

## 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		SHARMA SAHIL SHATRUGHAN	
Name of the Applicant's Mother		VIDYAWATI SHARMA	
Address for Communication		Room number 619 Shivnagar Devad Near Sanatan Ashram New Panvel	
Email-ID	sahilshatrughan2003@gmail.com	Contact Number	8657081837
Gender	Male	Category	OPEN
Divyang/Learning Disable	No	Medium of Instruction	English
ABCId	586202811698		

## 2.Applied Subjects Information :

Sem	Sub Code	Subject Name	TW	INSEM	ONLINE	TH	PR	OR	GRD	TUT
8	410250	HIGH PERFORMANCE COMPUTING	-	Y	-	Y	-	-	-	N
8	410251	DEEP LEARNING	-	Y	-	Y	-	-	-	N
8	410252A	NATURAL LANGUAGE PROCESSING	-	Y	-	Y	-	-	-	N
8	410253A	PATTERN RECOGNITION	-	Y	-	Y	-	-	-	N
8	410254	LABORATORY PRACTICE - V	Y	-	-	-	Y	-	-	N
8	410255	LABORATORY PRACTICE - VI	Y	-	-	-	-	-	-	N
8	410256	PROJECT STAGE II	Y	-	-	-	-	Y	-	N
8	410257D	MOOC- LEARN NEW SKILLS    410257D	-	-	-	-	-	-	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