Savitribai Phule Pune University

Examination Form Oct/Nov 2021

Form No :1879-**01712**

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

PRN.	72033070L	Eligibility No.	12019121293	Total Fee to be Paid:	1145

PUNCODE	CEGN018790	College	(69) Gokhale Education Societys R. H. Sapat College of Engineering Management Studies & Research

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	JAIN JOTSNA CHAINSUKH		
Name of the Applicant's Mother	SUNITA		
Address for Communication	Flat no.6 chamunda home samarth nagar panchvati nashik		
Email-ID	*jotsnajain27@gmail.com*	Contact Number	*8080772829*
Gender	Female	Category	OPEN
Divyang/Learning Disable	No	Medium of Instruction	**English**

Applied Subjects Information :

Sem	Sub Code	Subject Name	TW	INSEM	ONLINE	TH	PR	OR	GRD
4	210256	DATA STRUCTURES & ALGO. LAB.	-	-	-	-	Y	-	-
5	310241	Database Management Systems	-	Y	-	Y	-	-	-
5	310242	Theory of Computation	-	Y	-	Y	-	-	-
5	310243	Systems Programming and Operating System	-	Y	-	Y	-	-	-
5	310244	Computer Networks and Security	-	Y	-	Y	-	-	-
5	310245D	Software Project Management	-	Y	-	Y	-	-	-
5	310246	Database Management Systems Laboratory	Y	-	-	-	Y	-	-
5	310247	Computer Networks and Security Laboratory	Y	-	-	-	-	Y	-
5	310248	Laboratory Practice I	Y	-	-	-	Y	-	-
5	310249	Seminar and Technical Communication	Y	-	-	-	-	-	-
5	310250B	Professional Ethics and Etiquettes 3	-	-	-	-	-	-	Y

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3. Fee Details

Fee Type	Fee Amount	Remarks
Form Fee	30	
Exam Fee	680	
Passing Certificate Fee	0	
CAP Fee	145	
Statement Of Marks Fee	290	
Project Fee/Dissertation	0	
EVS Fee	0	
Internal Marks Fee	0	
Departmental Fee	0	
Transcript Fee	0	
Late Fee	0	
Fine Fee	0	
Total Fee to Be Paid:	**1145**	

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