

| r                                  |              |          |                            |   |                      |                 |            |                          |             |  |
|------------------------------------|--------------|----------|----------------------------|---|----------------------|-----------------|------------|--------------------------|-------------|--|
| ONLINE EXAM FORM SUBMI             | SSION        | FOR SEM  | ESTE                       | R END/YE  | EARLY                | PROFESSIONAL EX | AMINATION, | MAY                      | -2025       |  |
| NAME OF THE STUDENT                |              |          | NAMITA SINGH               |   |                      |                 |            |                          |             |  |
| FATHER'S NAME                      |              |          | ANGAD SINGH                |   |                      |                 |            |                          |             |  |
| MOTHER'S NAME                      |              |          | PRATIMA SINGH              |   |                      |                 |            |                          |             |  |
| ROLL NO.                           |              |          | 240655009                  |   |                      | r parista       |            |                          |             |  |
| ENROLLMENT NO. DSMNRU2400055009    |              |          | DATE OF BIRTH              |   |                      | May 10th, 2003  |            |                          |             |  |
| MOBILE NO.                         | 9554467098   |          |                            | E-MAII  |                      | _ ID            | namita1006 | amita1006singh@gmail.com |             |  |
| AADHAR CARD NO.                    | 339502478990 |          |                            | PIN CODE  |                      | DDE             | 226017     |                          |             |  |
| CATEGORY                           | General      |          |                            |   | Disabilty Category   |                 | Not Any    |                          |             |  |
| GENDER                             | FEMALE       |          |                            | SESSION   |                      | 2024-2025       |            |                          |             |  |
| PERMANENT ADDRESS                  |              |          |                            | 548/C375 CHANDRODAYA NAGAR RAJAJIPURAM                  |                      |                 |            |                          |             |  |
| CORRESPONDENCE ADDRESS             |              |          |                            | 548/C375 CHANDRODAYA NAGAR RAJAJIPURAM                  |                      |                 |            |                          |             |  |
| COURSE                             |              | MCA BR   |                            | BRANCH  | BRANCH/STREAM        |                 |            | MCA                      |             |  |
| VACCINATED Yes                     |              | Yes BATO |                            | ВАТСН   |                      | 2024-2025       |            | 4-2025                   |             |  |
| CANDIDATE EXAM FEE DETAIL          |              |          |                            |   |                      |                 |            |                          |             |  |
| BANK NAME Bank                     |              |          | k of Baroda BANK BRANCH NA |   |                      | ME              |            |                          |             |  |
| CHALLAN/RTGS/NEFT NO. 1836         |              |          | 92                         |   | CHALLAN RECEIPT DATE |                 |            | 2025-04-15               |             |  |
| CHALLAN/RTGS/NEFT AMOUNT 2820      |              |          | 2820                       | 0   |                      | BANK IFSC CODE  |            |                          | BARB0MOHAAN |  |
| SEMESTER/PROF./YEAR                |              |          |                            | SECOND SEMESTER   |                      |                 |            |                          |             |  |
| UNIVERSITY/AFFILIATED COLLAGE NAME |              |          |                            | DR. SHAKUNTALA MISRA NATIONAL REHABILITATION UNIVERSITY |                      |                 |            |                          |             |  |
| DISABILITY CATEGORY                |              |          |                            | Not Any   |                      |                 |            |                          |             |  |
| WRITER/SCRIBE REQUIRED             |              |          |                            | No  |                      |                 |            |                          |             |  |
| Religion                           |              |          |                            | Hindu   |                      |                 |            |                          |             |  |
| Cast Category                      |              |          |                            | General   |                      |                 |            |                          |             |  |
| EWS Status No                      |              |          |                            |   |                      |                 |            |                          |             |  |
|                                    |              |          |                            |   | 16013-0-0            |                 |            |                          |             |  |

CHALLAN/RTGS/NEFT AMOUNT



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|     | LIST OF    |  |            |                   |  |  |  |  |  |
|-----|------------|--|------------|-------------------|--|--|--|--|--|
| SL. | PAPER CODE | PAPER NAME                                     | PAPER TYPE | REQUIRED/OPTIONAL |  |  |  |  |  |
| 1   | MCA-021    | THEORY OF AUTOMATA AND FORMAL LANGUAGE         | THEORY     | COMPULSORY        |  |  |  |  |  |
| 2   | MCA-022    | OBJECT ORIENTED PROGRAMMING WITH JAVA          | THEORY     | COMPULSORY        |  |  |  |  |  |
| 3   | MCA-023    | OPERATING SYSTEM                               | THEORY     | COMPULSORY        |  |  |  |  |  |
| 4   | MCA-024    | DATABASE MANAGEMENT SYSTEM                     | THEORY     | COMPULSORY        |  |  |  |  |  |
| 5   | MCA-025    | DATA STRUCTURE AND ANALYSIS OF ALGORITHMS      | THEORY     | COMPULSORY        |  |  |  |  |  |
| 6   | MCA-026    | OBJECT ORIENTED PROGRAMMING AND DBMS LAB       | PRACTICAL  | COMPULSORY        |  |  |  |  |  |
| 7   | MCA-027    | DATA STRUCTURES AND ANALYSIS OF ALGORITHMS LAB | PRACTICAL  | COMPULSORY        |  |  |  |  |  |

Signature/Thumb impression of the student

Signature of the HoD/Dean/Principal

Implementation of the examination rules of the University. I also affirm that I have appeared in all in the mid semester test, presentation and submitted assingnmentas applicable for the course filled in the online examination form. My registration for the course is valid and not time barred. If any of my statement is found to be untrue, I shall have no claim for taking examination and my examination result may be withheld/cancelled at any stage. I undertake that I shall abide by the rules and regulations of the University. Please Submit a Attested Copy of Application Form along With Payment Details To Your Department.