

Savitribai Phule Pune University



Form No :1915-00013

Examination Form Oct/Nov 2024

Course Name MCA(MANAGEMENT)(Rev.2020)

PRN.2032102821Eligibility No.12021262997Total Fee to be Paid:600PUNCODEIMMP019150College(1311) Suryadatta Institute of Management & Mass Communication

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		OMKAR SURESH GORE			
Name of the Applicant's Mo	other	SARIKA			
Address for Communication		Sr.no. 51/3/45 Sukhada colony opp. Pandit Petrol Pump Tathwade			
Email-ID	omkargore5731@gmail.com	Contact Number	8007065957		
Gender	Male	Category	OBC		
Divyang/Learning Disable	No	Medium of Instruction	English		
ABCId	727954346901				

2.Applied Subjects Information:

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Year/ Sem	Sub Code	Subject Name	Internal	External/ Theory	Grade/ Online	Practical/ Sessional	Project	Oral			
2	221	IT21 PYTHON PROGRAMMING	N	Y	N	N	N	N			

3. Fee Details		
Fee Type	Fee Amount	Remarks
Form Fee	30	
Exam Fee	280	
Passing Certificate Fee	0	
CAP Fee	145	
Statement Of Marks Fee	145	
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:	600	



Savitribai Phule Pune University



Form No: 1915-00013

Stamp & Signature of the Principal

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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.

Place : _____ Date : _____

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:_____ Date:______ Signature of the Candidate