



Savitribai Phule Pune University

Examination Form Winter Session 2025

Form No :1427-03693

Course Name T.E.(2019 PAT.)(ELECTRONICS &TELECOM)

| | | | | | |
|---------|------------|-----------------|---|-----------------|--------|
| PRN. | 72309446C | Eligibility No. | 12023254737 | Total Fee Paid: | ₹.1360 |
| PUNCODE | CEGP014270 | College | (24) Dr.D.Y.Patil Institute of Technology | | |

Instructions to the Candidate:

- 1.This Exam form along with the payment receipt 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 as valid, **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 | VETAL GAURAV APPARAO | | |
| Name of the Applicant's Mother | VETAL MEENA APPARAO | | |
| Address for Communication | sant tukaram nagar , pimpri , pune. | | |
| Email-ID | gauravvetal7@gmail.com | Contact Number | 9834158658 |
| Gender | Male | Category | EWS |
| Divyang/Learning Disable | No | Medium of Instruction | English |
| ABCId | 999816094700 | | |

2.Applied Subjects Information :

| Sem | Sub Code | Subject Name | TW | INSE M | ONLI NE | TH | PR | OR | GRD | TUT |
|-----|----------|--|----|-----------|------------|----|----|----|-----|-----|
| 5 | 304181 | DIGITAL COMMUNICATION | - | Y | - | Y | - | - | - | N |
| 5 | 304182 | ELECTROMAGNETIC FIELD THEORY | Y | Y | - | Y | - | - | - | N |
| 5 | 304183 | DATABASE MANAGEMENT | - | Y | - | Y | - | - | - | N |
| 5 | 304184 | MICROCONTROLLERS | - | Y | - | Y | - | - | - | N |
| 5 | 304185D | COMPUTER NETWORKS (ELECTIVE - I) | - | Y | - | Y | - | - | - | N |
| 5 | 304186 | DIGITAL COMMUNICATION LAB | - | - | - | - | Y | - | - | N |
| 5 | 304187 | DATABASE MANAGEMENT LAB | - | - | - | - | - | Y | - | N |
| 5 | 304188 | MICROCONTROLLER LAB | - | - | - | - | Y | - | - | N |
| 5 | 304189D | COMPUTER NETWORKS | - | - | - | - | Y | - | - | N |
| 5 | 304190 | SKILL DEVELOPMENT | Y | - | - | - | - | - | - | N |
| 5 | 304191A | DEVELOPING SOFT SKILLS AND PERSONALITY | - | - | - | - | - | - | Y | N |
| 5 | 310269 | COMPUTATIONAL STATISTICS (HONOURS) | - | Y | - | Y | Y | - | - | N |



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3. Fee Details

| Fee Type | Fee Amount |
|------------------------------|-------------|
| Form Fee | 40 |
| Exam Fee | 820 |
| Passing Certificate Fee | 0 |
| CAP Fee | 175 |
| Statement Of Marks Fee | 175 |
| Project Fee/Dissertation | 0 |
| EVS Fee | 0 |
| Internal Marks Fee | 150 |
| Departmental Fee | 0 |
| Transcript Fee | 0 |
| Late Fee | 0 |
| Fine Fee | 0 |
| Total Fee to Be Paid: | 1360 |

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