



Savitribai Phule Pune University



Examination Form Winter Session 2025

Form No :1427-00657

Course Name T.E.(2019 PAT.)(INFORMATION TECHNOLOGY)

PRN.	72308925G	Eligibility No.	12023254787	Total Fee Paid:	₹.1335
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PUNCODE	CEGP014270	College	(24) Dr.D.Y.Patil Institute of Technology
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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	LAVYA JAIN		
Name of the Applicant's Mother	DEEPA JAIN		
Address for Communication	71,Ansari Marg(1st Floor),Near Forest Office ,Dehradun,Uttarakhand		
Email-ID	lavyahasnolyf2628@gmail.com	Contact Number	8218476656
Gender	Male	Category	OPEN
Divyang/Learning Disable	No	Medium of Instruction	English
ABCIId	250862937574		

2.Applied Subjects Information :

Sem	Sub Code	Subject Name	TW	INSE M	ONLI NE	TH	PR	OR	GRD	TUT
5	314441	THEORY OF COMPUTATION	-	Y	-	Y	-	-	-	N
5	314442	OPERATING SYSTEMS	-	Y	-	Y	-	-	-	N
5	314443	MACHINE LEARNING	-	Y	-	Y	-	-	-	N
5	314444	HUMAN COMPUTER INTERACTION	-	Y	-	Y	-	-	-	N
5	314445B	ADVANCED DATABASE MANAGEMENT SYSTEM	-	Y	-	Y	-	-	-	N
5	314446	OPERATING SYSTEMS LAB(TW+PR)	Y	-	-	-	Y	-	-	N
5	314447	HUMAN COMPUTER INTERACTION- LAB	-	-	-	-	-	Y	-	N
5	314448	LABORATORY PRACTICE-I	Y	-	-	-	Y	-	-	N
5	314449	SEMINAR	Y	-	-	-	-	-	-	N
5	314450B	STARTUP ECOSYSTEMS	-	-	-	-	-	-	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	125
Departmental Fee	0
Transcript Fee	0
Late Fee	0
Fine Fee	0
Total Fee to Be Paid:	1335

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