

# Savitribai Phule Pune University



Form No :1081-00057

## Examination Form Mar/Apr 2022

Course Name MCA(MANAGEMENT)(Rev.2020)

PRN. 2032000643 Eligibility No. 12020228887 Total Fee to be Paid: 2435

PUNCODE IMMP010810 College (0477) Institute of Management and Career Development

## 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		DHOLE SANCHITA MACHHINDRA			
Name of the Applicant's Mother		SHOBHA			
Address for Communication		MALPANI HEALTH CLUB ROAD, SANGAMNER, TA SANGAMNER, DIST AHMEDNAGAR			
Email-ID	sanchitadhole27@gmail.com	Contact Number	9284180617		
Gender	Female	Category	OBC		
Divyang/Learning Disable	No	Medium of Instruction	English		

Applied Subjects Information :								
Year/ Sem	Sub Code	Subject Name	Internal	External/ Theory	Grade/ Online	Practical/ Sessional	Project	Oral
4	421	IT41 DEVOPS	Y	Y	N	N	N	N
4	422	BM41 PPM AND OB	Y	Y	N	N	N	N
4	423	ITC41 PROJECT	Y	N	N	N	Y	N
4	492	INTRODUCTION TO CYBER SECURITY - IV	Y	N	N	N	N	N
4	494	SKILL DEVELOPMENT - II	Y	N	N	N	N	N



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3. Fee Details		
Fee Type	Fee Amount	Remarks
Form Fee	30	
Exam Fee	1360	
Passing Certificate Fee	145	
CAP Fee	145	
Statement Of Marks Fee	145	
Project Fee/Dissertation	510	
EVS Fee	0	
Internal Marks Fee	100	
Departmental Fee	0	
Transcript Fee	0	
Late Fee	0	
Fine Fee	0	
Total Fee to Be Paid:	2435	

### **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.

Signature of the Candidate	Date :	Place :
Stamp & Signature of the Principal	Date :	Place :