



Savitribai Phule Pune University



Examination Form Oct/Nov 2024

Form No :1427-02756

Course Name B.E.(2019 PAT.)(Artificial Intelligence and Data Science)

PRN.	72288384G	Eligibility No.	12021266360	Total Fee to be Paid:	1000
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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 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		YALMALWAR ANIKET GANGADHAR	
Name of the Applicant's Mother		REKHA	
Address for Communication		At. POST SEVANAGAR, SAGROLI, TQ. BILOLI, DIST. NANDED , PIN-431731	
Email-ID	aniketajm264@gmail.com	Contact Number	9623016547
Gender	Male	Category	OPEN
Divyang/Learning Disable	No	Medium of Instruction	Marathi
ABCId	935511329489		

2.Applied Subjects Information :

Sem	Sub Code	Subject Name	TW	INSEM	ONLINE	TH	PR	OR	GRD	TUT
7	417521	MACHINE LEARNING	-	Y	-	Y	-	-	-	N
7	417522	DATA MODELING & VISUALIZATION	-	Y	-	Y	-	-	-	N
7	417523A	QUANTUM ARTIFICIAL INTELLIGENCE	-	Y	-	Y	-	-	-	N
7	417524B	INFORMATION RETRIEVAL	-	Y	-	Y	-	-	-	N
7	417525	COMPUTER LABORATORY I	Y	-	-	-	Y	-	-	N
7	417526	COMPUTER LABORATORY II	Y	-	-	-	Y	-	-	N
7	417527	PROJECT STAGE I	Y	-	-	-	-	Y	-	N
7	417528	MOOC	Y	-	-	-	-	-	-	N
7	417529A	BLOCK CHAIN	-	-	-	-	-	-	Y	N



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3. Fee Details		
Fee Type	Fee Amount	Remarks
Form Fee	30	
Exam Fee	680	
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:	1000	

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