

Savitribai Phule Pune University



Form No :1423-08227

Examination Form Oct/Nov 2020

Course Name BACHELOR OF COMMERCE 2019 Credit Pattern

PRN. 1201975348 Eligibility No. 12019094206 Total Fee to be Paid: 670 (0) Dr D.Y. Patil Arts Commerce and Science College

PUNCODE CAAP014230 College

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		TRUPTI		
Name of the Applicant's Mother		PRAMILA		
Address for Communication		Pandav Nagar Co-01, Chakarapani Vasahat Road, Bhosari		
Email-ID	truptikshirsagar02@gmail.co m	Contact Number	9730782488	
Gender	Female	Category	OBC	
Divyang/Learning Disable	No	Medium of Instruction	English	

Applie	Applied Subjects Information :							
Year/ Sem	Sub Code	Subject Name	Internal	External/ Theory	Grade/ Online	Practical/ Sessional	Project	Oral
3	231	BUSINESS COMMUNICATION - I	Y	Y	N	Y	N	N
3	232	CORPORATE ACCOUNTING - I	Y	Y	N	N	N	N
3	233	BUSINESS ECONOMICS - I (MACRO)	Y	Y	N	N	N	N
3	234	BUSINESS MANAGEMENT - I	Y	Y	N	N	N	N
3	235	ELEMENTS OF COMPANY LAW - I	Y	Y	N	N	N	N
3	236E	COST AND WORKS ACCOUNTING - I	Y	Y	N	Y	N	N
3	299	AECC-1 ENVIRONMENTAL AWARENESS	Y	Y	N	N	N	N



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3. Fee Details		
Fee Type	Fee Amount	Remarks
Form Fee	20	
Exam Fee	340	
Passing Certificate Fee	0	
CAP Fee	85	
Statement Of Marks Fee	85	
Project Fee/Dissertation	0	
EVS Fee	0	
Internal Marks Fee	140	
Departmental Fee	0	
Transcript Fee	0	
Late Fee	0	
Fine Fee	0	
Total Fee to Be Paid:	670	

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 Principa	Date :	Place :