



Savitribai Phule Pune University

Examination Form Mar/Apr 2017



Form No :1575-00936

Course Name B.E.(2012 PAT.)(COMPUTER)

PRN.	71331515G	Eligibility No.		Total Fee to be Paid:	1820
PUNCODE	CEGP015750	College	(91) DR.D.Y.PATIL EDUCATION ACADAMY DR.D.Y.PATIL INSTITUTE OF ENGINEERING & TECHNOLOGY		

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.

To,

The Controller of Examinations, Savitribai Phule Pune University, Pune-411 007.

Madam/Sir, I request permission to present myself at the examination courses, mentioned below

1.Personal Details:

Name of the Applicant	SURAJ MILIND SHINDE		
Name of the Applicant's Mother	MANGAL		
Address for Communication	A/p:Talegaon Dabhade, Tal:Maval Dist:Pune , 410506		
Email-ID	surajshinde9195@gmail.com	Contact Number	9075554309
Gender	Male	Category	OPEN
Is Physically Disabled	No	Medium of Instruction	English

Applied Subjects Information :

Sem	Sub Code	Subject Name	TW	INSEM/ ONLINE	TH	PR	OR
7	410442	PRINCIPLES OF MODERN COMPIILER DESIGN	-	-	Y	-	-
8	410449	SOFTWARE DESIGN METHODOLOGY AND TESTING	-	Y	Y	-	-
8	410450	HIGH PERFORMANCE COMPUTING	-	Y	Y	-	-
8	410451A	MOBILE COMPUTING	-	Y	Y	-	-
8	410452C	MOBILE APPLICATIONS	-	Y	Y	-	-
8	410453	COMPUTER LABORATORY-III	-	-	-	Y	Y
8	410454	COMPUTER LABORATORY-IV	Y	-	-	-	Y
8	410455	PROJECT	Y	-	-	-	Y



Savitribai Phule Pune University

Examination Form Mar/Apr 2017



Form No :1575-00936

3. Fee Details		
Fee Type	Fee Amount	Remarks
Form Fee	30	
Exam Fee	770	
Passing Certificate Fee	135	
CAP Fee	270	
Statement Of Marks Fee	135	
Project Fee/Dissertation	480	
EVS Fee	0	
Internal Marks Fee	0	
Departmental Fee	0	
Late Fee	0	
Fine Fee	0	
Total Fee to Be Paid:	1820	

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