

EXAMINATION PARTICULARS

Attach Attested True Copy of Marksheet of Last PGDCA Examination Along with Examination Form

PGDCA Part I	Seat No. PRN			PGDCA Part II	Previous Seat No. PRN		
Title of the Subject	Course No.	Int. 08/20	Ext. 32/80	Title of the Subject	Course No.	Int. 08/20	Ext. 32/80
Semester I				Semester III			
Elements of Information Technology (EIT)	101	<input type="text"/>	<input type="text"/>	GUI with Oracle (FI)	*301	<input type="text"/>	
Principles & Practice of Management (PPM)	102	<input type="text"/>	<input type="text"/>	Object Oriented Programming with Java (OOPJ)	302	<input type="text"/>	<input type="text"/>
Software Packages (FI) (SP)	*103	<input type="text"/>		Unix	303	<input type="text"/>	<input type="text"/>
Practicals (FI)		<input type="text"/>		Practicals (FI)	*304	<input type="text"/>	
Total marks of Semester I	400			Total marks of Semester III	400		
Semester II				Semester IV			
'C' Programming (CP)	201	<input type="text"/>	<input type="text"/>	Software Engineering (SE)	401	<input type="text"/>	<input type="text"/>
GUI with Visual Basic (FI)	*202	<input type="text"/>		Business Applications (BA)	402	<input type="text"/>	<input type="text"/>
Data Base Management Systems (DBMS)	203	<input type="text"/>	<input type="text"/>	Project Work (FI)	*403	<input type="text"/>	
Practicals (FI)	*204	<input type="text"/>		Practicals (FI)	*404	<input type="text"/>	
Total marks of Semester II	400			Total marks of Semester IV	400		

*Passing : 40 out of : 100 (Fully Internal)

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 WILL BE RESPONSIBLE** for any errors and wrong or incorrect information supplied by me in the application form. I shall not request for special concession such as change in the time and / or day fixed for the University examination on religious or any other grounds. The Courses/Subjects mentioned by me are as per University rules and regulations.

Yours faithfully,

.....
Place Date Signature of the Candidate

C E R T I F I C A T E

I certify that the above named candidate obtained the degree of from the University of in year and is regular/ex-student of this Institute. The Courses mentioned by the candidate are as per University rules and regulations, to the best of my knowledge and belief and the entries made by the candidate in the application are correct. He/She has my permission to appear for examination for the subjects for which he/she has applied.

He / She has presume for the number of days specified below, attached during two terms, the course of lectures appointed for this examination :

Terms	Number of Days	Remarks
From June 20 to October 20		
From May 20 to March 20		

.....
Place Date Stamp Signature of the Director

* Student desirous to avail of the benefit of O.163 will have to fill in separate prescribed form which is available in the Institute. The form should be attached, with necessary fees and certificates, alongwith the concerned examination form.