



Application Form for Admission to the Examination for the Master In Computer Application (M.C.A.) (Science Faculty) (Semester I, II, III, IV, V, VI) April/November 200 . [Rs. 800/- Per Semester]

For Office Use Only			
Batch			
Sr. No.			

To

THE CONTROLLER OF EXAMINATIONS.
UNIVERSITY OF PUNE, PUNE-411007.

Sir,

I desire to appear for the examination for the FIRST/SECOND/THIRD/FOURTH/FIFTH/SIXTH Semester/s of the M.C.A. (Science Faculty) Examination to be held in 200 .

I hereby declare that I shall not claim any concession on religious grounds.

1. Semester Combination appearing for : Tick the right combination :

I	II	III	IV	V	VI	I/II	I/III	II/III	I/II/III
1	2	3	4	5	6	7	8	9	10

2. Name of the College/Institute :

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Name of the Centre :

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Male	Female	Fresh	Repeater
1	2	1	2

* **Applicant from South India, U.P. Up-countries and Foreigners should write the name as it should appear on University records. No change in the name will be made hereafter.**

5. * Mention Full Name in legible BLOCK Letters :

.....
Surname Name Father's / Husband's Name

6. Old Name, if any

7. Sports activities 0.163

N.S.S	N.C.C	N.P.E.D.	A.E.D.	I.U.T.
1	2	3	4	5

SC	ST	OBC	DT/NT	Not Applicable
C	T	O	D	

9. The Category, if the Exam. fee is reimbursed by Govt.

BC	EBC	Primary Teacher's Children	Freedom Fighter's Children	DT/NT	Service Personel/ Children
B	E	P	F	N	S

10. Year 20 Month & Seat No.

For the previous Latest Appearance

11. Permanent Registration Number of M.C.A.

(Should be mentioned correctly)

12. Name of Degree of qualifying examination, Date of passing and the name of University :

13. Eligibility Certificate number and date, if applicable :

14. Address for Correspondence :

15. Permanent Home Address :

16. Telephone No. : Mobile No :

[P.T.O.

EXAMINATION PARTICULARS**Attach Attested True Copy of Marklist of Last M.C.A. Examination along with Examination Form.**

M.C.A. Semester I		Seat No.		M.C.A. Semester II		Seat No.	
Previous PRN				Previous PRN			
Course No.	Title of the Subject			Course No.	Title of the Subject		
Semester – I				Semester – IV			
		Int.	Ext.			Int.	Ext.
CS-101	Introduction to Programming	<input type="checkbox"/>	<input type="checkbox"/>	CS-401	Graphics	<input type="checkbox"/>	<input type="checkbox"/>
CS-102	Logical Org. of Computer	<input type="checkbox"/>	<input type="checkbox"/>	CS-402	Artificial Intelligence	<input type="checkbox"/>	<input type="checkbox"/>
CS-103	Mathematical Foundation	<input type="checkbox"/>	<input type="checkbox"/>	CS-403	Advance Database Management System	<input type="checkbox"/>	<input type="checkbox"/>
CS-104	Concrete Maths. & Graph Th. (D)	<input type="checkbox"/>	<input type="checkbox"/>	CS-404	Operation Research (D)	<input type="checkbox"/>	<input type="checkbox"/>
CS-105	Numerical Methods	<input type="checkbox"/>	<input type="checkbox"/>	CS-405	Management Information System & DSS	<input type="checkbox"/>	<input type="checkbox"/>
CS-106	Technical Communication (D)	<input type="checkbox"/>	<input type="checkbox"/>				
CS-107	General Laboratory-I (D)	<input type="checkbox"/>	<input type="checkbox"/>				
Semester – II				Semester – V			
CS-201	Data and file structure	<input type="checkbox"/>	<input type="checkbox"/>	CS-406	Elective-III (D)	<input type="checkbox"/>	<input type="checkbox"/>
CS-202	Theoretical Computer Science	<input type="checkbox"/>	<input type="checkbox"/>	CS-407	General Laboratory-IV (University)	<input type="checkbox"/>	<input type="checkbox"/>
CS-203	SDK and MFC	<input type="checkbox"/>	<input type="checkbox"/>				
CS-204	Programming Paradigms (D)	<input type="checkbox"/>	<input type="checkbox"/>	CS-501	Mobile Computing	<input type="checkbox"/>	<input type="checkbox"/>
CS-205	Operating System concepts	<input type="checkbox"/>	<input type="checkbox"/>	CS-502	Expert System	<input type="checkbox"/>	<input type="checkbox"/>
CS-206	Elective-I (D)	<input type="checkbox"/>	<input type="checkbox"/>	CS-503	Software Project Management	<input type="checkbox"/>	<input type="checkbox"/>
CS-207	General Laboratory-II (University)	<input type="checkbox"/>	<input type="checkbox"/>	CS-504	Advance Modeling Techniques	<input type="checkbox"/>	<input type="checkbox"/>
Semester – III				Semester – VI			
CS-301	Design & Analysis of Algorithms	<input type="checkbox"/>	<input type="checkbox"/>	CS-505	Modeling & Simulation (D)	<input type="checkbox"/>	<input type="checkbox"/>
CS-302	Database Management	<input type="checkbox"/>	<input type="checkbox"/>	CS-506	Elective-IV (D) (University)	<input type="checkbox"/>	<input type="checkbox"/>
CS-303	Networks	<input type="checkbox"/>	<input type="checkbox"/>	CS-507	General Laboratory-V (D)	<input type="checkbox"/>	<input type="checkbox"/>
CS-304	System Programming (D)	<input type="checkbox"/>	<input type="checkbox"/>				
CS-305	System Analysis & Design	<input type="checkbox"/>	<input type="checkbox"/>				
CS-306	Elective-II (D)	<input type="checkbox"/>	<input type="checkbox"/>	CS-601	Full Time Industrial Experience (University)	<input type="checkbox"/>	<input type="checkbox"/>
CS-307	General Laboratory-III (D)	<input type="checkbox"/>	<input type="checkbox"/>				

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

CERTIFICATE

I certify that the above named candidate obtained the degree of from the university of in year and is a regular/ex-student of this College/Institute/Department. 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.

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Place Date Stamp Signature of the Principal

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