



MCA

Whether the Candidate is appearing for Regular Examinations Supplementary Examinations

Month & Year of Examination

H.T .No.

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Name: (As per S.S.C Certificate)																			

Father's Name: (As per S.S.C Certificate)																			

Mother's Name: (As per S.S.C Certificate)																			

Date of Birth (As per SSC): (DD/MM/YYYY)														
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Contact No:														
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Tick [✓] the appropriate box

Gender

Male	Female

Physically Handicapped (PH)

Yes	No

Caste

SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E	OC

Course for which registration is required: Tick [✓] the appropriate box

1	18MCAP111	Data Warehousing and Data Mining		6	18MCAP210	Data Warehousing and Data Mining Laboratory	
2	18MCAP112	Data Structures and Algorithms		7	18MCAP211	Data Structures and Algorithms Laboratory	
3	18MCAP113	Cloud Computing		8	18MCAP501	Mobile Application Development Using Android Laboratory	
4	18MCAP401	Mobile Application Development Using Android		9	18MCAP508	Cryptography and Network Security Laboratory	
5	18MCAP408	Cryptography and Network Security		10	18MCAP601	Technical Seminar	

Certified that the above information is CORRECT and filled by me.

Signature of the Candidate