



Savitribai Phule Pune University



Examination Form Mar/Apr 2023

Form No :1830-00054

Course Name BEd(General)(Rev.2015)

PRN.	Fresh	Eligibility No.	12022219077	Total Fee to be Paid:	1620
PUNCODE	CEDN018300	College	() Motiwala College of Educational Sciences		

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	HALDE AMOL SOMNATH		
Name of the Applicant's Mother	RENUKA		
Address for Communication	Oney Tal Niphad Nashik		
Email-ID	haldeamol289@gmail.com	Contact Number	8625859332
Gender	Male	Category	OPEN
Divyang/Learning Disable	No	Medium of Instruction	English
ABCI	515751211719		

2.Applied Subjects Information :

Year/ Sem	Sub Code	Subject Name	Internal	External/ Theory	Grade/ Online	Practical/ Sessional	Project	Oral
1	8	METHOD : SCIENCE	Y	Y	N	N	N	N
1	9	METHOD : MATHEMATICS	Y	Y	N	N	N	N
1	BED 101	CHILDHOOD & GROWING UP	Y	Y	N	N	N	N
1	BED 102	CONTEMPORARY INDIAN EDUCATION,GENDER & SOCIETY	Y	Y	N	N	N	N
1	BED 103	LEARNING & TEACHING	Y	Y	N	N	N	N
1	BED 104	ASSESSMENT & EVALUATION FOR LEARNING	Y	Y	N	N	N	N
1	BED 105	ADVANCED PEDAGOGY & APPLICATION OF ICT	Y	Y	N	N	N	N
1	BED 106	UNDERSTANDING DISCIPLINES & SCHOOL SUBJECTS	Y	Y	N	N	N	N
1	BED 107	PEDAGOGY OF SCHOOL SUBJECTS	Y	Y	N	N	N	N
1	BED 108	TEACHING COMPETENCY I(MICRO TEACHING,INTEGRA.LESSONS & SIMULATION LESS	Y	N	N	N	N	N
1	BED 109	TEACH.COMPE.II(TECH.BASED TEACH.,TEAM TEACH.,LESSONS USING MODELS OF T	Y	N	N	N	N	N
1	BED 110	TEACHING COMPETENCY III(PRACTICE LESSONS,INTRODUCTION TO INTERNSHIP)	Y	N	N	N	N	N
1	BED 111	A)CRITICAL UNDERSTAND.OF ICT- PRACT.B)CO CURRICULAR ACTIVI.& SOCIAL SER	Y	N	N	N	N	N
1	BED 112	HEALTH & YOGA	Y	N	N	N	N	N



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3. Fee Details		
Fee Type	Fee Amount	Remarks
Form Fee	30	
Exam Fee	1020	
Passing Certificate Fee	0	
CAP Fee	145	
Statement Of Marks Fee	145	
Project Fee/Dissertation	0	
EVS Fee	0	
Internal Marks Fee	280	
Departmental Fee	0	
Transcript Fee	0	
Late Fee	0	
Fine Fee	0	
Total Fee to Be Paid:	1620	

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