



SYMBIOSIS SKILLS AND OPEN UNIVERSITY (SSOU)

Undergraduate Examination Form – BBA in Logistics & Supply Chain Management

	FORM No.								
<i>To be filled by the University</i>									
Examination Center	SSOU, Kiwale, Pune								
<i>To be filled by Candidate</i>									
PRN Number									

To be filled by Candidate

1. School Code	

2. Signature of the candidate in running hand, within the box only

3. Paste recent Photograph (Size 35mm x 45 mm) duly attested by the Dean/Head of the School (Do not staple)

To,
The Controller of Examinations
Symbiosis Skills and Open University, Kiwale, Pune.

Sir,
I request permission to present myself at the ensuing **BBA in Logistics & Supply Chain Management** ___ Semester/ ___ Year (Main) examination to be held in the month _____ and year 20_____. I furnish my details as stated below:

4. Candidate's name in Capital Letters (Strictly as per Class 10th Mark sheet/Certificate. And tick(✓) in appropriate block):

First Name																			
Middle Name																			
Surname																			

5. Date of Birth

Date	Month	Year

6. Gender

Male	
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Female	
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7. Mother's Name in Capital Letter: (Leave a gap between first Name, Middle Name and Surname)

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8. Father's / Husband Name in Capital Letters: (Leave a gap between first name, Middle Name and Surname)

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9. Candidate's mailing address in Capital Letters Only:

House no.					Building /	Locality								
Street														
Town														
State														

10. School Name:

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11. Contact No :

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12. WhatsApp No :

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13. Email Address: _____



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14. I will be appearing for the following Papers:-

Semester – II (Regular Subjects)

S.No.	Name of Paper	Paper Code	Continuous Theory	Continuous Practical	End Term Theory	End Term Practical	Industry Assessment
1	Writing Skills	IDSC102	NA	√	NA	√	√
2	Basics of Multi Modal Transport	LOGI102	√	√	√	√	√
3	Mini Project	MGMT106	NA	√	NA	√	√
4	Basics of Operations Management	MGMT108	√	√	√	√	√
5	Basics of Management Information System	MGMT109	√	√	√	√	√
6	Advanced Financial Management	MGMT110	√	√	√	√	√
7	Applied Business Statistics	MGMT115	√	√	√	√	√

Semester – I (Backlog Subjects if any)

S.No.	Name of Paper	Paper Code	Continuous Theory	Continuous Practical	End Term Theory	End Term Practical	Industry Assessment
1	Life Coping Skills – I	IDSC101					
2	Basics of Logistics & SCM	LOGI101					
3	Principles and Practices of Management	MGMT101					
4	Basic of Economics	MGMT102					
5	Basics of Financial Management	MGMT103					
6	Environmental Studies	MGMT104					
7	Information Technology Concepts	MGMT105					

Name and Signature Exam Coordinator: _____

15. DECLARATION BY THE CANDIDATE

- 1) I certify that this examination form has been filled by me and the information given therein is correct and I shall be personally responsible for the same if proved false later on.
- 2) I am aware that, I have to fulfil criteria of attendance as prescribed by the University, failing which I shall be held "Not Eligible" and will not be allowed to appear for examination.
- 3) I hereby declare that I have gone through the syllabus as prescribed and adopted by the University and relevant rules off the Head of Passing which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable).
- 4) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 5) I am not defying the criteria of the admission order.
- 6) I am not admitted to the course after the cut-off date declared by the University for Grant of terms.
- 7) I further declare that I am neither a regular student of any other University nor appearing in any other examination as a regular student.

Place:

Date:

Signature of Candidate in running hand



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16. Fee Details

Name of Head / Component	Total Number	Fees in Rs.
No. of End Semester backlog Theory		
No. of End Semester backlog Practical		
No. of Industry Assessment backlog		
Total Amount of Fees to be paid		

17. FOR THE USE OF ACCOUNT SECTION

Attachments			Verification		
Fee Receipt No.	YES	NO	Dues	YES	NO
Signature of Verifying Person			Signature of CFAO		

18. FOR THE USE OF SCHOOL OFFICE

Fulfil Attendance Criteria	YES	NO
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Date:

Signature & Seal of the HOS

19. CERTIFICATE BY THE HEAD OF SCHOOL

I certify:

1. That Shri/Smt./Kum. is a bonafide student of this school, admitted to the _____ program in the Academic Session 20____. That his/her attendance is not less than as prescribed by Examination Regulations up to submission of this application.
2. That the information furnished by the said candidate is verified from his/her documents and that the candidate is Eligible to appear for University Examination.

Place:

Date:

Signature & Seal of the HOS