



# SYMBIOSIS SKILLS AND OPEN UNIVERSITY (SSOU)

## Undergraduate Examination Form - BBA in Ports & Terminal Management

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

To be filled by Candidate

|                       |  |
|-----------------------|--|
| <b>1. School Code</b> |  |
|                       |  |

**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 Ports & Terminal 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 10<sup>th</sup> Mark sheet/Certificate. And tick(✓) in appropriate block):

|             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| First Name  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**5. Date of Birth**

|      |       |      |
|------|-------|------|
| Date | Month | Year |
|      |       |      |

**6. Gender**

|      |  |        |  |
|------|--|--------|--|
| Male |  | Female |  |
|------|--|--------|--|

**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      |  |  |  |  |            |  |  |  |  | District |  |  |  |  |  |          |  |  |  |
| State     |  |  |  |  |            |  |  |  |  |          |  |  |  |  |  | Pin Code |  |  |  |

**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     | Basics of Shipping                      | PTMT101    | √                 | √                    | √               | √                  | √                   |

### Semester – I (Backlog Subjects)

| 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     |              |             |
| <b>Total Amount of Fees to be paid</b> |              |             |

## 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 |
|----------------------------|-----|----|

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