

Exam Seat No : #

KADI SARVA VISHWA VIDYALAYA

BCA Semester-_____ External Examination - *Month - Year

*Subject Code – Subject Name

Date: / /

Day: _____

Time: _____

Total Marks: ____

Instruction:

1. All Question are **compulsory**.
 2. Make suitable assumptions wherever necessary.
 3. Figures to the right indicate full marks.
 4. Indicate Clearly, the option you attempt along with its respective question number
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