



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2013016401649467	Eligibility Status: Eligible	Examination form No.: 029147 	Division/Section: F	Roll No.: 759
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHALKE SWAPNIL BABURAO</b>	Mother's Name: CHHAYA	Gender: Male
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Name in Vernacular Language: चलके स्वप्निल बाबुराव

Address: 201/8050, KANNAMWAR NAGAR 1, VIKHROLI - (EAST).

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083

Telephone no.:	Mobile no: 919664606641	Email : SWAPNILCHALKE_139524@YAHOO.IN
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DOB: Sep 13, 1995	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I (Regular-CBSGS)	Exam Event: Mar-2016	Seat No: 2013016401649467 (Status: Pass)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

**Payment Details:** Amount Received: College Receipt No. and Date:

DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2014016402554124	Eligibility Status: Eligible	Examination form No.: 029148 	Division/Section: B	Roll No.: 181
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SONI SHIVANI BHARAT</b>	Mother's Name: SUSHMA	Gender: Female
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Name in Vernacular Language: सोनी शिवानी भारत

Address: 502/ SHREE SAI SHAKTI CHS LTD. R.B.MEHTA MARG, PATEL CHOWK, GHATKOPAR(E)

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077

Telephone no.:	Mobile no: 919619397472	Email : shivanisoni476@rediffmail.com
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DOB: Aug 19, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I (Regular-C7525)	Exam Event: Mar-2016	Seat No: 2014016402554124 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2015016401876101	Eligibility Status: Eligible	Examination form No.: 029149 	Division/Section: C	Roll No.: 319
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GAWADE SHRUTIKA RAVINDRA</b>	Mother's Name: RENUKA	Gender: Female
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Name in Vernacular Language: श्रुतिका

Address: 301/A WING MATOSHREE CO-HOUSING SOCIETY, 2ND RABODI KOLIWADA

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601

Telephone no.:	Mobile no: 918454060844	Email : shru1919@gmail.com
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DOB: Sep 26, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I (Regular-C7525)	Exam Event: Mar-2016	Seat No: 2015016401876101 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2015016401883082	Eligibility Status: Eligible	Examination form No.: 029150 	Division/Section: A	Roll No.: 43
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JANGAM SONIA DILIP</b>	Mother's Name: SUNITA	Gender: Female
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Name in Vernacular Language: जंगम सोनिया दिलीप

Address: B/303, NAVJAGRUTI APT., KHAREGAON, NEAR PARSIK JANATA SAHAKARI BANK, KALWA(W)

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605

Telephone no.: Mobile no: 919820085593 Email : jangamdilip@yahoo.co.in

DOB: Sep 17, 1997 Category: Reserved (OBC) Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0415664 (Status: ATKT)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Prashansa*

PRN: 2015016401883194	Eligibility Status: Eligible	Examination form No.: 029151 	Division/Section: C	Roll No.: 232
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHOSALE PRASHANSA PRAKASH</b>	Mother's Name: VAISHALI	Gender: Female
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Name in Vernacular Language: भोसले प्रशंसा प्रकाश

Address: ROOM NO. F/3 YASHWANT NAGAR MANKIN BAI CHAWL, KAJUPADA PIPE LINE KURLA (W) MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072

Telephone no.: Mobile no: 919768105983 Email : prem\_mane@yahoo.in

DOB: Jul 09, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Nov-2018 Seat No: 3251847 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

**Payment Details:** Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**  
Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2015016401885684	Eligibility Status: Eligible	Examination form No.: 029152 	Division/Section: C	Roll No.: 229	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHANUSHALI SAGAR JITENDRA</b>	Mother's Name: JITENDRA	Gender: Male
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Name in Vernacular Language: भानुशाली सागर जितेंद्र

Address: 2 JAGDISH THAKUR CHAWL NR SAI TEMPLE NSS ROAD ASLPHA VILLAGE GHATKOPAR WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 917666380581	Email : paresh9307@gmail.com
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DOB: Dec 07, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415817 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*RDBhatt*

PRN: 2016016400204762	Eligibility Status: Eligible	Examination form No.: 029153 	Division/Section: A	Roll No.: 15
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>BHATT RUSHABH DILIP</b>	Mother's Name: VEENA	Gender: Male
Name in Vernacular Language: Bhatt Rushabh Dilip		
Address: 504,DOLPHIN PRIDE,SANT DYNESHWAR MARG , GOPAL KRISHNA GOKHLE ROAD, MULUND (EAST)		
City: MULUND, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400081		
Telephone no.: 9224583733	Mobile no: 919004301370	Email : rushabhbhatt007@gmail.com
DOB: Jan 11, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236255 (Status: ATKT)
Exam form appearance type: Fresher		

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ;Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	Student's Signature

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PRN: 2016016400204901	Eligibility Status: Eligible	Examination form No.: 029154 	Division/Section: C	Roll No.: 319	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHANUSHALI NITIN HARESH</b>	Mother's Name: LAXMI	Gender: Male
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Name in Vernacular Language: भानुशाली नितीन हरे श लक्समी

Address: ROOM NO.1, BUILDING NO. 1, AVICHAL BUILDING, SHANGHANI ESTATE, NEAR SHREYAS CINEMA, GHATKOPAR (W)

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.: Mobile no: 918451874274 Email : nitinbhanushali1999@gmail.com

DOB: Jan 12, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0415904 (Status: ATKT)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

**Declaration by Principal/HOD/Chairperson**

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2016016400215485	Eligibility Status: Eligible	Examination form No.: 029155 	Division/Section: B	Roll No.: 136
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GAIKWAD AJAY GANESH</b>	Mother's Name: TANUJA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: अजय गणेश गायकवाड

Address: GANESH GAIKWAD, OPP JIJAMATA SCHOOL, BIRLA KAMGAR, KAJU TEKDI, QUARRY ROAD, BHANDUP WEST, MUMBAI, MAHARASHTRA, 400078

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078

Telephone no.:	Mobile no: 918767797447	Email : AJAYGKGK27@GMAIL.COM
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DOB: Apr 30, 1999	Category: Reserved (VJ/DT(A))	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236269 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400219491	Eligibility Status: Eligible	Examination form No.: 029156 	Division/Section: C	Roll No.: 215
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHALERAO KARINA SANJAY</b>	Mother's Name: KAVITA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: भालेराव करिना संजय

Address: BLDG NO .406, SAGBAUG SNEHA SAGAR, SRA CHS, BUILDING 5, A.K ROAD SAGBAUG ANDHERI EAST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400059

Telephone no.:	Mobile no: 919987330690	Email : kareenabhalerao96@gmail.com
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DOB: Aug 09, 1997	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235623 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	<p>Student's Signature</p>

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400219734	Eligibility Status: Eligible	Examination form No.: 029157 	Division/Section: C	Roll No.: 216
Instruction Medium:			Nationality:	India

### Student's Personal Information

Student's Name: <b>BHANDARE NEHA AVINASH</b>	Mother's Name: REKHA	Gender: Female
Name in Vernacular Language: भंडारे नेहा अविनाथ		
Address: D.H. PATIL COLONY, CHINCHPADA, AMBERNATH WEST .		
City: AMBERNATH, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421501		
Telephone no.:	Mobile no: 918888784667	Email : nehabhandare93@gmail.com
DOB: Mar 27, 1999	Category: Reserved (SC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235624 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400219807	Eligibility Status: Eligible	Examination form No.: 029158 	Division/Section: B	Roll No.: 186
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ANSARI RAYYAN AHMAD</b>	Mother's Name: FAREEDA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: अंसारी रय्यान अहमद

Address: 803, SHANTI NAGAR ROAD, BEHIND ANAND TALKIES GAIBI NAGAR,

City: BHIWANDI, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 412302

Telephone no.:	Mobile no: 918983187404	Email : ANSARIRAYYAN360@GMAIL.COM
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DOB: Jan 16, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Mar-2018	Seat No: 0888856 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2016016400219846	Eligibility Status: Eligible	Examination form No.: 029159 	Division/Section: C	Roll No.: 316	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: BUTIYA PRAVIN TAKHA	Mother's Name: KANTABEN	Gender: Male
-------------------------------------	-------------------------	--------------

Name in Vernacular Language: बुटिया प्रवीण तखा

Address: TATA NAGAR EKTA CHAWL BHANDUP NEAR HIGHWAY EXPRESS (E) MUM-400042

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400042

Telephone no.:	Mobile no: 919833959627	Email : pravinbutiya@gmail.com
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DOB: Oct 03, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235656 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400238905	Eligibility Status: Eligible	Examination form No.: 029160 	Division/Section: A	Roll No.: 616
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DEVDA PIYUSH HARIKHETA</b>	Mother's Name: HIRIBEN	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: देवडा पियुष हरिखेता

Address: 7, 3RD FLOOR, DARSHAN BHUVAN, BHATWADI, GANESH CHOWK, KISAN NAGAR NO 3, WAGLE ESTATE

City: THANE WEST, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604

Telephone no.:	Mobile no: 919987277473	Email : patelpiyush1998@gmail.com
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DOB: Sep 21, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2018	Seat No: 3039539 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Hiten

PRN: 2016016400288104	Eligibility Status: Eligible	Examination form No.: 029161 	Division/Section: E	Roll No.: 594
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAMANI HITEN PARESH</b>	Mother's Name: KANTA	Gender: Male
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Name in Vernacular Language: रामाणी हितेन परेश
--

Address: 101/10,JAGRUTI SOC. VITHAL NAGAR, S L ROAD , MULUND WEST
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 918879784646	Email : ramanihiten143@gmail.com
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DOB: May 21, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2018	Seat No: 3039648 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400288201	Eligibility Status: Eligible	Examination form No.: 029162 	Division/Section: E	Roll No.: 595
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DOSHI MANAN DEVANG SHILPA</b>	Mother's Name: SHILPA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: दोगी मन देवांग शिल्पा

Address: 101, JASU SADAN, GOSHALA ROAD,

City: MULUND, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080

Telephone no.:	Mobile no: 919833062440	Email : manan.krish@gmail.com
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DOB: Nov 13, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235719 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Hanisha*

PRN: 2016016400288286	Eligibility Status: Eligible	Examination form No.: 029163 	Division/Section: A	Roll No.: 86
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAYMANGIA HANISHA CHANDRAKANT</b>	Mother's Name: KRISHNA	Gender: Female
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Name in Vernacular Language: रायमंग्या हनिशा चन्द्रकांत

Address: 2/C-39 VAISHALI NAGAR B.R ROAD MULUND WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080

Telephone no.: 21644049	Mobile no: 918655200390	Email : riddhi.made4u@gmail.com
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DOB: Aug 19, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0251448 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Dubey*

PRN: 2016016400288336	Eligibility Status: Eligible	Examination form No.: 029164 	Division/Section: C	Roll No.: 270
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DUBEY NAMRATA ANIL</b>	Mother's Name: ANURADHA	Gender: Female
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Name in Vernacular Language: DUBEY NAMRATA ANIL
---

Address: 70/003 SHIVAI NAGAR JAI MILIND SOCIETY THANE WEST
--

City: MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400606
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Telephone no.: 8691930461	Mobile no: 919619893293	Email : namratadubey549@gmail.com
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DOB: Oct 14, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235721 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Bhavya*

PRN: 2016016400288707	Eligibility Status: Eligible	Examination form No.: 029165 	Division/Section: F	Roll No.: 764
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DOSHI BHAVYA JITENDRA</b>	Mother's Name: SANGITA	Gender: Male
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Name in Vernacular Language: दोषी भव्य जितेंद्र

Address: 22, SAI KRUPA BLDG, 4TH FLOOR, NEAR LEVA BHAVAN HALL, DATT MANDIR ROAD

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201

Telephone no.:	Mobile no: 919819432344	Email : doshib48@gmail.com
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DOB: Jul 09, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2018	Seat No: 4028759 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400288731	Eligibility Status: Eligible	Examination form No.: 029166 	Division/Section: B	Roll No.: 190	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JHALA KRIPALSINH MAHAVIRSINH</b>	Mother's Name: PRITI	Gender: Male
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Name in Vernacular Language: ज्ञान कृपालसिंह महावीरसिंह

Address: 502, BLD NO.23, B WING, RACHNA SOCIETY, PANT NAGAR, GHATKOPAR-EAST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075

Telephone no.:	Mobile no: 918425996965	Email : kripal.111jhala@gmail.com
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DOB: Sep 14, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415837 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Lodaya*

PRN: 2016016400288762	Eligibility Status: Eligible	Examination form No.: 029167 	Division/Section: F	Roll No.: 760
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>LODAYA SHWETA RAJESH</b>	Mother's Name: DEEPA	Gender: Female

Name in Vernacular Language: लोडया श्वेता राजेश

Address: 2/12 LAXMAN RESHA GAVDEVI GUPTA ROAD DOMBIVLI

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202

Telephone no.: Mobile no: 918454878575 Email : shwetalodaya98@email.com

DOB: Jun 16, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem II(Regular-Rev16) Exam Event: Nov-2018 Seat No: 3039597 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

**Declaration by Principal/HOD/Chairperson**

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400288916	Eligibility Status: Eligible	Examination form No.: 029168 	Division/Section: A	Roll No.: 59	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MEHTA SIDDHARTH MUKESH</b>	Mother's Name: HARSHA	Gender: Male
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Name in Vernacular Language: मेहता सिद्धार्थ मुकेश

Address: NEAR USAGAH PARSHAWANATH JAIN MADIR AVDUT CO OP HOU SOC B-15 GOLIBAR RODE JAGDUSHA NAGAR GHATKOPAR WEST MUMBAI-400086

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919892315704	Email : siddharthmht835@rediffmail.com
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DOB: Oct 14, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Nov-2018	Seat No: 3251832 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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	<p>Student's Signature</p>

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400288924	Eligibility Status: Eligible	Examination form No.: 029169 	Division/Section: A	Roll No.: 124
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MEISHERI MANISH CHARUL</b>	Mother's Name: NAGMA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: मेईशेरी मनीष चारूल

Address: CHEMBUR

City: CHEMBUR, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400074

Telephone no.:	Mobile no: 918879811501	Email :
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DOB: May 03, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415945 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400303485	Eligibility Status: Eligible	Examination form No.: 029170 	Division/Section: E	Roll No.: 541
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: TANAKAR POOJA MEGHDOOT	Mother's Name: BHARTIBEN	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: तानाकर पूजा मेघदूत

Address: ROOM NO. 20, ASHOK SAMRAT CHAWL, NAGEWADI, PL LOKHANDE MARG, CHEMBUR

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400089

Telephone no.:	Mobile no: 917045120888	Email :
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DOB: Apr 28, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236185 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2016016400303527	Eligibility Status: Eligible	Examination form No.: 029171 	Division/Section: E	Roll No.: 512	<i>yashwant</i>
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHARMA YASHWANT NARENDRA</b>	Mother's Name: RATAN	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: शर्मा यशवंत नरेंद्र
--

Address: 14 C KARMA SANKLP RAJAWADI SOMAIYA COLLAGE VIDYAVIHAR (E)
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400077
--

Telephone no.:	Mobile no: 919892779929	Email : PANKAJNS143@GMAIL.COM
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DOB: Jun 10, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2018	Seat No: 3039681 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

<b>Declaration by Principal/HOD/Chairperson</b>
---

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Neha Vyas*

PRN: 2016016400303597	Eligibility Status: Eligible	Examination form No.: 029172 	Division/Section: B	Roll No.: 182
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VYAS NEHA VIKAS</b>	Mother's Name: MEERA	Gender: Female
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Name in Vernacular Language: VYAS NEHA VIKAS
--

Address: B26, ROSE BLDNG, PESTOM SAGAR, ROAD NO 4, CHEMBUR
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400089
---

Telephone no.: 25252403	Mobile no: 919869309287	Email : nvvyas25@gmail.com
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DOB: Oct 25, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0322361 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:		
DD No:	MICR No:	DD Date:	Bank:

Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400304167	Eligibility Status: Eligible	Examination form No.: 029173 	Division/Section: F	Roll No.: 645	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAISWAL ANJALI AJAY</b>	Mother's Name: MAMTA	Gender: Female
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Name in Vernacular Language: ANJALI AJAY JAISWAL
--

Address: 5/6 SHRADHA SHANTI SOC BHARAT NAGAR VIKHROLI EAST
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083
---

Telephone no.:	Mobile no: 919321491006	Email :
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DOB: May 31, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415644 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2016016400304233	Eligibility Status: Eligible	Examination form No.: 029174 	Division/Section: A	Roll No.: 77
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>SUSHMA HAUSILAPRASAD PATEL</b>	Mother's Name: LALTIDEVI	Gender: Female
Name in Vernacular Language: पटेल सुषमा हौसीलाप्रसाद		
Address: KAMGAR NAGAR NO.2, ROOM NO.150, NEW PRABHADEVI ROAD		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400013		
Telephone no.:	Mobile no: 917666779589	Email : sushmapatel123@gmail.com
DOB: Apr 11, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0172764 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Monika*

PRN: 2016016400327522	Eligibility Status: Eligible	Examination form No.: 029175 	Division/Section: A	Roll No.: 126
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MADHE MONIKA RAGHUNATH</b>	Mother's Name: SANGEETA	Gender: Female
---	-------------------------	----------------

Name in Vernacular Language: मधे मोनिका रघुनाथ

Address: CHOTU BHAI CHAWL, GOLIBAR ROAD, SAINATH NAGAR, GHATKOPER (W). MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 918108525134	Email : monamadhe123@gmail.com
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DOB: Jul 30, 1998	Category: Reserved (ST)	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2018	Seat No: 3039598 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Munjat*

PRN: 2016016400327754	Eligibility Status: Eligible	Examination form No.: 029176 	Division/Section: D	Roll No.: 385
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MUNJAT SONALI RAMESH</b>	Mother's Name: CHANDRIKA	Gender: Female
---	--------------------------	----------------

Name in Vernacular Language: मुंजात सोनाली रमेश

Address: 303/2, SUSWAGATAM CHS, POSTAL COLONY, CHEMBUR

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400071

Telephone no.:	Mobile no: 917506025544	Email : munjatsonali@gmail.com
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DOB: Jan 03, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2018	Seat No: 3039618 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400327947	Eligibility Status: Eligible	Examination form No.: 029177 	Division/Section: A	Roll No.: 61
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: <b>MUGALE SUPRIYA GOVIND</b>	Mother's Name: SUJATA	Gender: Female
Name in Vernacular Language: मुगले सुप्रिया गोविंद		
Address: ROOM NO 13, CHAWAL NO 33, HARIYALI VILLAGE TAGOR NAGAR VIKHROLI E		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083		
Telephone no.:	Mobile no: 919594379291	Email :
DOB: Dec 20, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Nov-2018	Seat No: 3251804 (Status: Pass)
Exam form appearance type: Fresher		

Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )			
SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	Student's Signature

**Declaration by Principal/HOD/Chairperson**

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400328034	Eligibility Status: Eligible	Examination form No.: 029178 	Division/Section: F	Roll No.: 756	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>YADAV RATNESH KUMAR HIRALAL</b>	Mother's Name: GIRJU	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: यादव रत्नेश कुमार हिरालाल
--

Address: 172, C-2 VILLAGE WARD, FATHER PETER PERERIA ROAD, NEAR DHANRAJ MALL, KURLA (WEST)
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070
---

Telephone no.:	Mobile no: 918689822101	Email : RATNESHY812@GMAIL.COM
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DOB: Jan 21, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236241 (Status: ATKT)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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P. M. Raval

PRN: 2016016400328042	Eligibility Status: Eligible	Examination form No.: 029179 	Division/Section: F	Roll No.: 708
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAVAL PARTH MANISH</b>	Mother's Name: NALINI	Gender: Male
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Name in Vernacular Language: रावल पार्थ मनीष
--

Address: A/401, SHEETAL APARTMENT, BEHIND SHEETAL CINEMA, LBS MARG, KURLA(W)
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070
---

Telephone no.:	Mobile no: 917039675041	Email : NALINIMANISH2@REDIFFMAIL.COM
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DOB: Sep 21, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236049 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Manali*

PRN: 2016016400328274	Eligibility Status: Eligible	Examination form No.: 029180 	Division/Section: A	Roll No.: 56
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>MANE MANALI VIVEKANAND</b>	Mother's Name: MANISHA	Gender: Female
Name in Vernacular Language: माने मनाली विवेकानंद		
Address: CANARA CAMP MHADA COLONY TR 3 /B -101, NEAR LAXMI NAGAR		
City: GHATKOPAR EAST, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400075		
Telephone no.:	Mobile no: 917506126595	Email :
DOB: Nov 22, 1997	Category: Reserved (NT-1 (NT-B))	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)		Exam Event: Nov-2018
		Seat No: 3251797 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Bhavita

PRN: 2016016400384927	Eligibility Status: Eligible	Examination form No.: 029181 	Division/Section: F	Roll No.: 693
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PARIKH BHAVITA HARISH</b>	Mother's Name: DHARA	Gender: Female
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Name in Vernacular Language: पारीख भवित्त HARISH

Address: 2, SHANKHESHWAR APT, SANETORIUM LANE, GHATKOPAR WEST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919769561889	Email : pbhavita1998@gmail.com
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DOB: Sep 01, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415744 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400385351	Eligibility Status: Eligible	Examination form No.: 029182 	Division/Section: D	Roll No.: 440	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PRAJAPATI ZALAK ANIL</b>	Mother's Name: MANISHA	Gender: Male
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Name in Vernacular Language: प्रजापती झलक अनिल

Address: 7, ABDUL RAZAQ CHAWL,  
GANESH BAUG LANE,  
NEAR KURLA POLICE STATION,  
KURLA (W)

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 919769003314	Email :
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DOB: Dec 25, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236030 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:		
DD No:	MICR No:	DD Date:	Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Sharma Nehal Rajeev*

PRN: 2016016400385463	Eligibility Status: Eligible	Examination form No.: 029183 	Division/Section: F	Roll No.: 732
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>SHARMA NEHAL RAJEEV</b>	Mother's Name: RANJANA	Gender: Male
Name in Vernacular Language: शर्मा नेहाला RAJEEV		
Address: SHARMA ENGINEERING WORKS,PLOT NO.268, OPP.COSMOS HILLS ,UPVAN,THANE WEST 400606		
City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400606		
Telephone no.: 25889955	Mobile no: 918450911151	Email : roboboy1598@gmail.com
DOB: Apr 15, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236134 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

**Declaration by Principal/HOD/Chairperson**

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Parab*

PRN: 2016016400385505	Eligibility Status: Eligible	Examination form No.: 029184 	Division/Section: A	Roll No.: 73
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PARAB MAHESHWARI DEEPAK</b>	Mother's Name: DEEPIKA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: परब महेश्वरी दिपक

Address: 5/1, GURU PRASAD CHAWL, RETI BANDAR CROSS ROAD, DOMBIVLI WEST

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202

Telephone no.:	Mobile no: 917738556023	Email : maheshwari.parab25@gmail.com
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DOB: Jul 25, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415742 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

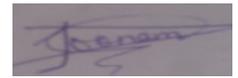
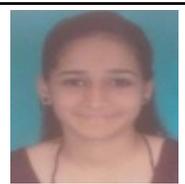
<http://mum.digitaluniversity.ac/>

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PRN: 2016016400385536	Eligibility Status: Eligible	Examination form No.: 029185 	Division/Section: A	Roll No.: 13
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHANUSHALI POONAM TULSIDAS</b>	Mother's Name: RAMILABEN	Gender: Female
---	--------------------------	----------------

Name in Vernacular Language: पूनम तुलसीदास भानुशाली
---

Address: E/217, SHETHIYA NAGAR, SAKINAKA, 90 FEET ROAD, GHATKOPER(W)
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072
--

Telephone no.:	Mobile no: 919768202992	Email : TULSIDASB1@GMAIL.COM
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DOB: Jan 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Nov-2018	Seat No: 3251807 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

<b>Declaration by Principal/HOD/Chairperson</b> This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.
---

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Tejasvi Khanderao*

PRN: 2016016400385784	Eligibility Status: Eligible	Examination form No.: 029186 	Division/Section: C	Roll No.: 329
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHANDERAO TEJASVI VIJAY</b>	Mother's Name: CHANDRAKALA	Gender: Female
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Name in Vernacular Language: खंडेराव तेजस्वी विजय

Address: ROOM NO-34, B NO-2, KOYONA COLONY, ANIK NAGAR CHEMBUR MUMBAI

City: CITY, Taluka: Patur, District: Akola, State: Maharashtra, PIN: 400074

Telephone no.:	Mobile no: 918898139206	Email : tejasvikhanderao@gmail.com
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DOB: Aug 05, 1997	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236279 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2016016400407406	Eligibility Status: Eligible	Examination form No.: 029187 	Division/Section: E	Roll No.: 588	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PRASAD RAKESH SHRIRAM</b>	Mother's Name: BHAGWATIDEVI	Gender: Male
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Name in Vernacular Language: प्रसाद राकेश श्रीराम

Address: PLOT NO 21/S/8 SHIVAJI NAGAR NO 2 ROAD NO 11 NEAR GANESH MANDIR BAIGANWADI GOVANDI MUMBAI 43

City: GOVANDI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043

Telephone no.:	Mobile no: 917715020216	Email :
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DOB: Aug 02, 1996	Category: Reserved (ST)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236031 (Status: Pass)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2016016400407607	Eligibility Status: Eligible	Examination form No.: 029188 	Division/Section: F	Roll No.: 650
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KARANI VIREN HITEN</b>	Mother's Name: PREMILA	Gender: Male
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Name in Vernacular Language: कारानी विरेन हितेश

Address: 30/3, RAMAN JOSHI BUILDING, DEVI CHOWK, SHASHTRI NAGAR, DOMBIVALI (WEST)

City: DOMBIVALI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202

Telephone no.:	Mobile no: 918879800887	Email : karaniviren786@gmail.com
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DOB: Dec 04, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235850 (Status: Pass)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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N.H. Shah

PRN: 2016016400407751	Eligibility Status: Eligible	Examination form No.: 029189 	Division/Section: E	Roll No.: 497
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH NISHTHA HASMUKHBHAI</b>	Mother's Name: VEENA	Gender: Female
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Name in Vernacular Language: NISHTHA
--------------------------------------

Address: A-11 KAUSHAL NIWAS, S.N.ROAD, TAMBE NAGAR, MULUND(WEST)
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080
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Telephone no.: 25620212	Mobile no: 919821447553	Email : shahjenisha16@gmail.com
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DOB: Oct 25, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236109 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400407991	Eligibility Status: Eligible	Examination form No.: 029190 	Division/Section: E	Roll No.: 533	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SOMAIYA VARUN JITENDRA</b>	Mother's Name: RITA	Gender: Male
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Name in Vernacular Language: सोमैया वरुन जितेंद्र

Address: A/9 CHETAN BLDG RAJAWADI VIDYAVIHAR

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400077

Telephone no.:	Mobile no: 919769645225	Email : lovefacebook079@gmail.com
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DOB: Jul 02, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415774 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2016016400408151	Eligibility Status: Eligible	Examination form No.: 029191 	Division/Section: F	Roll No.: 686
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>PANCHAL BHAVIK PRAKASH</b>	Mother's Name: SUMAN	Gender: Male
Name in Vernacular Language: पंचाल भाविक प्रकाश		
Address: B/208, SAI KRUPA BLGD, SHIVAJI NAGAR, OPP SANJAY MORE OFFICE, WAGLE ESTATE.		
City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604		
Telephone no.:	Mobile no: 919167389679	Email : bhavikpanchal277@gmail.com
DOB: Apr 17, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2018	Seat No: 3039625 (Status: ATKT)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2016016400408271	Eligibility Status: Eligible	Examination form No.: 029192 	Division/Section: E	Roll No.: 547
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR ISHAN MUKESH</b>	Mother's Name: PRITI	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: ठक्कर ईशान MUKESH

Address: 2/45 LUVKUSH BUILDING ,SHIVAJI NAGAR,KISAN NAGAR-1,THANE WEST,THANE-400604

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080

Telephone no.:	Mobile no: 917208447344	Email : lshuthakkar07@gmail.com
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DOB: Oct 07, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236194 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2016016400430235	Eligibility Status: Eligible	Examination form No.: 029193 	Division/Section: F	Roll No.: 716
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAYED RUKHSAR FATMA HASHIM ABBAS</b>	Mother's Name: SABIHA	Gender: Female
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Name in Vernacular Language: Sayed Rukhsar Fatma Hashim Abbas
---

Address: ROOM NO. 1402/B-WING P.S.B CO-OPERATIVE SOCIETY BEHIND PANKHESHAH BABA DARGAH GHATKOPAR WEST
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086
--

Telephone no.:	Mobile no: 918879090296	Email : rukhsarrizvi25@yahoo.com
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DOB: May 25, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415671 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN:

2016016400430413

Eligibility Status:

Eligible

Examination form No.:

029194



Division/Section:

F

Roll No.:

730

Instruction Medium:

Nationality:

India

### Student's Personal Information

Student's Name: **SHAIKH IRFAN MOH HUSEN**

Mother's Name: AMINA

Gender: Male

Name in Vernacular Language: SHAIKH IRFAN MOH HUSEN

Address: SHIV SANDESH MITRA MANDAL, SANDESH NAGAR, BAIL BAZAR

City: KURLA WEST MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072

Telephone no.:

Mobile no: 918291215058

Email : imshaikh18786@gmail.com

DOB: Apr 18, 1999

Category: Open

Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16)

Exam Event: Apr-2019

Seat No: 0415856 (Status: ATKT)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee

Exam Form Late Fee

Exam Form Super Late Fee

Examination Fees

Mark Statement Fee

Total:

**Payment Details:**

Amount Received:

College Receipt No. and Date:

DD No:

MICR No:

DD Date:

Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**

Date:

Student's Signature

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:

Date:

College Staff Signature

Seal and Signature of  
Principal/HOD/Chairperson



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Rshinde*

PRN: 2016016400430491	Eligibility Status: Eligible	Examination form No.: 029195 	Division/Section: F	Roll No.: 740
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHINDE SHITAL RAMKISHAN</b>	Mother's Name: NILAVANTI	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: शिंदे शीतल रामकिशन

Address: ROOM NO 3 ,CHARLI CHWAL ,NEAR RAM MANDIR ,KALINA KOLIVARI VILLAGE, SANTACRUZ (E)MUMBAI -400098

City: MUMBAI, Taluka: Andheri, District: Mumbai Suburban, State: Maharashtra, PIN: 400098

Telephone no.:	Mobile no: 918898952703	Email : shitals390@gmail.com
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DOB: Oct 07, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415972 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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RAJEEV

PRN: 2016016400430502	Eligibility Status: Eligible	Examination form No.: 029196 	Division/Section: D	Roll No.: 395
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: PAHUJA RAJEEV HARESH	Mother's Name: PINKU	Gender: Male
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Name in Vernacular Language: पाहूजा राजीव हरेश
--

Address: OLD BARRECK 6/4 BEHIND JAI BHARAT HIGH SCHOOL MULUND COLONY MULUND WEST
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400082
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Telephone no.:	Mobile no: 918097497122	Email : rajeevpahuja39@gmail.com
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DOB: Nov 17, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0164596 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Harsh*

PRN: 2016016400430541	Eligibility Status: Eligible	Examination form No.: 029197 	Division/Section: F	Roll No.: 731
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: <b>SHARMA HARSH SUNIL</b>	Mother's Name: BHAVANA	Gender: Male
Name in Vernacular Language: शर्मा हर्ष सुनील		
Address: 4/1, OLD BARRACK, BEHIND JAI BHARAT SCHOOL, MULUND COLONY, MULUND WEST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400082		
Telephone no.:	Mobile no: 917738338394	Email : Harshsharma6987@gmail.com
DOB: Jan 04, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415857 (Status: ATKT)

Exam form appearance type: Fresher

<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )			
SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

**Declaration by Principal/HOD/Chairperson**

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Handwritten signature*

PRN: 2016016400430757	Eligibility Status: Eligible	Examination form No.: 029198 	Division/Section: F	Roll No.: 746
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR ADITYA DHARMESH</b>	Mother's Name: HEENA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: ठक्कर आदित्य धर्मेश

Address: ROOM NO. 55, TRANSIST CAMP, SAMTA COLONY, GHATKOPAR EAST, MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400075

Telephone no.:	Mobile no: 918879470282	Email :
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DOB: Jun 03, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415778 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2016016400430846	Eligibility Status: Eligible	Examination form No.: 029199 	Division/Section: B	Roll No.: 187	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH SMIT HIREN</b>	Mother's Name: MANISHA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: शाह स्मित हिरेन

Address: 9-AKASH GANGA, 3RD FLOOR,  
KISHAN NAGAR NO. 3,  
GANESH CHOWK

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604

Telephone no.:	Mobile no: 917303662121	Email :
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DOB: Aug 09, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0172768 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Handwritten signature*

PRN: 2016016401124421	Eligibility Status: Eligible	Examination form No.: 029200 	Division/Section: E	Roll No.: 549
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR KRISHNA HITESH</b>	Mother's Name: JIGNA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: ठक्कर कृष्णा हितेश

Address: 19 JANKI NIWAS, KISAN NAGAR 3, WAGLE ESTATE

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604

Telephone no.:	Mobile no: 919967633257	Email : krishgud06@gmail.com
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DOB: Jun 24, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Nov-2018	Seat No: 3251788 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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*Neha*

PRN: 2016016401442704	Eligibility Status: Eligible	Examination form No.: 029201 	Division/Section: E	Roll No.: 553
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NEHA TIWARI</b>	Mother's Name: INDERA	Gender: Female
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Name in Vernacular Language: तिवारी नेहा

Address: EKTA RESIDENCY FLAT NO.E003 E WING PLOT NO.14 SECTOR.6 KHANDA COLONY

City: NAVI MUMBAI, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410206

Telephone no.:	Mobile no: 919699322511	Email : NEHATIWARI7011@GMAIL.COM
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DOB: Dec 28, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236204 (Status: Pass)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2016016401653004	Eligibility Status: Eligible	Examination form No.: 029202 	Division/Section: B	Roll No.: 183
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ANSARI UMAIR AHMED RAEES AHMAD</b>	Mother's Name: HAMIDA BANU	Gender: Male
---	----------------------------	--------------

Name in Vernacular Language: ANSARI UMAIR AHMED RAEES AHMAD
---

Address: B / 304 ASHYANA APARTMENT HALL VILLAGE ROAD NEAR REHMANIYA MOSQUE KURLA WEST
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070
--

Telephone no.:	Mobile no: 919967981841	Email : UMAIR.ANSARI1997@GMAIL.COM
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DOB: Jun 19, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Nov-2018	Seat No: 3252980 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:  Student's Signature
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### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400125247	Eligibility Status: Eligible	Examination form No.: 029203 	Division/Section: C	Roll No.: 236
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHAMIYAL ADITYA BIRSINGH</b>	Mother's Name: KAMLA	Gender: Male
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Name in Vernacular Language: चमियाल आदित्य बीरसिंग

Address: ROOM NO 370 HIMGIRI SOC SANE GURUJI CHAWK PARKSITE VIKHROLI W

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079

Telephone no.:	Mobile no: 919619331155	Email : KAMALA.BCHAMIYA@GMAIL.COM
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DOB: Aug 19, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235657 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Abhishek

PRN: 2017016400125882	Eligibility Status: Eligible	Examination form No.: 029204 	Division/Section: E	Roll No.: 527
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SINGH ABHISHEKH SANTOSH</b>	Mother's Name: AARTI	Gender: Male
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Name in Vernacular Language: सिंग अभिशेख संतोष

Address: JAY SHREE RAM SOCIETY, SANJAY GANDHI NAGAR, NERA DURGA MANDIR, PARK SITE, VIKHROLI WEST,

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079

Telephone no.:	Mobile no: 919820721130	Email : SABHISHEKH939@GMAIL.COM
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DOB: Jun 24, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236162 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400127447	Eligibility Status: Eligible	Examination form No.: 029205 	Division/Section: C	Roll No.: 239	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHAUHAN PRINCE CHANDRAPRAKASH</b>	Mother's Name: MANISHA	Gender: Male
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Name in Vernacular Language: चौहान प्रिन्स चंद्रप्रकाश

Address: ROOM NO.1378/10, SHANTI NIKETAN, NEAR BALDHAR TABELA, PARK SITE, VIKHROLI WEST,

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079

Telephone no.:	Mobile no: 918454953732	Email : PRINCECHAUHAN8655@GMAIL.COM
----------------	-------------------------	-------------------------------------

DOB: Nov 22, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235666 (Status: Pass)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400127803	Eligibility Status: Eligible	Examination form No.: 029206 	Division/Section: F	Roll No.: 604	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BEHARA SURAJ SHANKAR</b>	Mother's Name: PADMA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: बेहरा सूरज शंकर

Address: SAI NATH SOCIETY VARSHA NAGAR PARK SIT VIKHROLI (W)MUMBAI -400079 VIKHROLI PARK SIT

City: VIKHROLI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079

Telephone no.:	Mobile no: 918169207044	Email : BEHERASURAJ77778@GMAIL.COM
----------------	-------------------------	------------------------------------

DOB: Apr 12, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235620 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Madh

PRN: 2017016400217342	Eligibility Status: Eligible	Examination form No.: 029207 	Division/Section: A	Roll No.: 17
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BUDHWAR MADHU NARESH</b>	Mother's Name: SUNITA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: बुधवार मधू नारेश

Address: ROOM NO 13, PLOT NO 133 DWARKADHAM OPP PUSHPA VIHAR HOTEL GHATKOPAR EAST RAJAWADI

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400077

Telephone no.:	Mobile no: 919594729347	Email : nareshbudhwar20nb@gmail.com
----------------	-------------------------	-------------------------------------

DOB: May 29, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235654 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400402186	Eligibility Status: Eligible	Examination form No.: 029208 	Division/Section: E	Roll No.: 472
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: SAHU ALKA LAXMIDHAR	Mother's Name: ANITA	Gender: Female
Name in Vernacular Language: अलका लक्ष्मीधर साहू		
Address: ROOM NO 5, NANNY BAI CHAWL, NO 17/B LBS MARG, KURLA WEST, NAUPADA, MUMBAI 400070		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070		
Telephone no.:	Mobile no: 918692937621	Email : ALKASAHU08@GMAIL.COM
DOB: Aug 28, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236055 (Status: Pass)
Exam form appearance type: Fresher		

<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )			
SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

**Declaration by Principal/HOD/Chairperson**

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400402302	Eligibility Status: Eligible	Examination form No.: 029209 	Division/Section: D	Roll No.: 379
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MITHANI MUSKAN IQBAL</b>	Mother's Name: SHIRIN	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: मिठाने मुस्कान इक्बाल

Address: 309/6, FALOMINA HOUSE, FATHER PETER PARERA ROAD,

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 918286859886	Email : MUSKANMITHANI8800@GMAIL.COM
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DOB: Mar 27, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235919 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Swaleha*

PRN: 2017016400402484	Eligibility Status: Eligible	Examination form No.: 029210 	Division/Section: D	Roll No.: 359
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHAN SWALEHA SADAF ABDUL AZIZ</b>	Mother's Name: MARIUM	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: खान स्वालेह सदफ अब्दुल अजीज़

Address: E 12, JAI AMBE SOCIETY SUNDER BAUG, KAMANI KURLA WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 918433820121	Email : SWALEHASADAF1212@GMAIL.COM
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DOB: Sep 13, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235874 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400717854	Eligibility Status: Eligible	Examination form No.: 029211 	Division/Section: C	Roll No.: 272
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>FALKE SARAH SOHAIL</b>	Mother's Name: TAZIEEN	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: फाल्के सराह सोहैल

Address: 10/26 FALKE HOUSE NEAR CHIRAG HOTEL

City: KALYAN, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421301

Telephone no.:	Mobile no: 919664159123	Email : SARAS.FALKE@GMAIL.COM
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DOB: Nov 27, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235723 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Mayank Ramesh*

PRN: 2017016400839023	Eligibility Status: Eligible	Examination form No.: 029212 	Division/Section: D	Roll No.: 454
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GANDHI MAYANK RAMESH</b>	Mother's Name: MADHU	Gender: Male
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Name in Vernacular Language: GUJARATI
---------------------------------------

Address: B/12 KAMLA NEHRU SHOPPING CENTER MULUND (W)
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
--

Telephone no.:	Mobile no: 917021488808	Email : mgandhi484@gmail.com
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DOB: Aug 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235742 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

<b>Declaration by Principal/HOD/Chairperson</b>
---

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2017016400839054	Eligibility Status: Eligible	Examination form No.: 029213 	Division/Section: F	Roll No.: 722	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH JEEL DEEPAK</b>	Mother's Name: RITA	Gender: Female
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Name in Vernacular Language: शाह जील दीपक

Address: B/203,BUILDING NO.18,NATASHA AVENUE SANT DYANESHVAR MARG,PANTNAGAR GHATKOPAR EAST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075

Telephone no.:	Mobile no: 917678079729	Email : jeel.js13@gmail.com
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DOB: Mar 13, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236103 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400839104	Eligibility Status: Eligible	Examination form No.: 029214 	Division/Section: E	Roll No.: 548
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR JAY SHASHIKANT</b>	Mother's Name: ARUNA	Gender: Male
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Name in Vernacular Language: ६६२२ जय शशिकान्त
---

Address: NEAR POLICE CHOWKI , 74/7/B-GR FLOOR HINDUSTANCHOWK,MULUND COLONY, MUMBAI, MAHARASHTRA-400082
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400082
---

Telephone no.:	Mobile no: 919930858697	Email : jaythakkar180907@gmail.com
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DOB: Jul 18, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236195 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400839151	Eligibility Status: Eligible	Examination form No.: 029215 	Division/Section: F	Roll No.: 621
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>GALA MAITRI NILESH</b>	Mother's Name: ALPA	Gender: Female
Name in Vernacular Language: गैरी निदेश गाले		
Address: 506/B BLUE BIRD CHS KOLBAD THANE		
City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601		
Telephone no.:	Mobile no: 919619033536	Email : scorpio2november@gmail.com
DOB: Nov 02, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235735 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

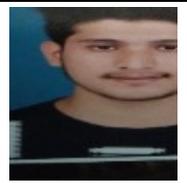
<http://mum.digitaluniversity.ac/>

S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400839166	Eligibility Status: Eligible	Examination form No.: 029216 	Division/Section: C	Roll No.: 283
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GALA RAJ PRAFFUL</b>	Mother's Name: NEELAM	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: गाराज GALA
---

Address: C/2 CHOTUSINGH BUILDING DR.Rp road ramnagar dombivli east ramnagar
---

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
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Telephone no.:	Mobile no: 919930046893	Email : rgala6972@gmail.com
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DOB: Jan 12, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235738 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400839271	Eligibility Status: Eligible	Examination form No.: 029217 	Division/Section: D	Roll No.: 448
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GAJRA VEER DINESH</b>	Mother's Name: SHILPA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: ग़ाज़र वीर दिनेश

Address: NEAR ONGC COLONY ROOM NO 116 CAHWL NO 10 SHASTRI NAGAR , R.N. GANDHI MARG VIDYAVIHAR EAST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077

Telephone no.:	Mobile no: 919967692129	Email : VEERGAJRA123@GMAIL.COM
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DOB: Jan 18, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235733 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2017016400839321	Eligibility Status: Eligible	Examination form No.: 029218 	Division/Section: D	Roll No.: 521
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHETH PARTH ATUL</b>	Mother's Name: JYOTSANA	Gender: Male
---	-------------------------	--------------

Name in Vernacular Language: पार्थ अतुल शेट
---

Address: 8/467 2ND FLOOR VASANT BREEZY CHAMBERS DR B.A.ROAD
---

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400019
--

Telephone no.: 24096560	Mobile no: 919619328378	Email : SHETHPARTH77@GMAIL.COM
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DOB: Nov 25, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236145 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	<p>Student's Signature</p>

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Soni*

PRN: 2017016400839336	Eligibility Status: Eligible	Examination form No.: 029219 	Division/Section: E	Roll No.: 535
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SONI NIRALI RAJESH</b>	Mother's Name: RASHMI	Gender: Female
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Name in Vernacular Language: सोनी निराली राजेश

Address: 15, pundlik smruti chedda road dombivli east

City: dombivali, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201

Telephone no.:	Mobile no: 918452820645	Email : niralisoni1003@gmail.com
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DOB: Mar 10, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236175 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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RB RAJGOR

PRN: 2017016400839344	Eligibility Status: Eligible	Examination form No.: 029220 	Division/Section: D	Roll No.: 444
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: <b>RAJGOR RISHI BHARAT</b>	Mother's Name: VARSHA	Gender: Male
Name in Vernacular Language: राजगोर रिशि भारत		
Address: 30, YAMUNA SADAN KISAN NAGAR 1 THANE		
City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604		
Telephone no.:	Mobile no: 918097340133	Email : rishirajgor21@gmail.com
DOB: Mar 21, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236040 (Status: ATKT)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**

Date:

Student's Signature

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400839367	Eligibility Status: Eligible	Examination form No.: 029221 	Division/Section: A	Roll No.: 120
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHRISTINA MARYDAS</b>	Mother's Name: JANET	Gender: Female
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Name in Vernacular Language: चरिस्टीना मारिदास

Address: 602, B-WING SAI SHRADDHA VIKHROLI-EAST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400083

Telephone no.: 25742368	Mobile no: 919869942260	Email : MARYDASCHRISTINA@GMAIL.COM
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DOB: Dec 29, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235591 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400839417	Eligibility Status: Eligible	Examination form No.: 029222 	Division/Section: A	Roll No.: 70
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANCHAL ANMOL KALIDAS</b>	Mother's Name: HEENA	Gender: Female
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Name in Vernacular Language: अनमोल कलिदास पांचाल
--

Address: 26/D TWILITE COSMOS HORIZON POKRON ROAD NO 2
---

City: THANE , Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400610
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Telephone no.:	Mobile no: 919833890726	Email : panchalanmol1999@gmail.com
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DOB: Jul 09, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236300 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Ajath*

PRN: 2017016400839495	Eligibility Status: Eligible	Examination form No.: 029223 	Division/Section: F	Roll No.: 638
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JADHAV AISHWARYA SANJAY</b>	Mother's Name: KAMAL	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: MARATHI
--------------------------------------

Address: A/52 JAMES HOUSE DSOUZA WADI THANE
---

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604
--

Telephone no.:	Mobile no: 919967022109	Email : aishwaryajadhav135@gmail.com
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DOB: May 13, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235798 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	<p>Student's Signature</p>

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Sandeep

PRN: 2017016400839537	Eligibility Status: Eligible	Examination form No.: 029224 	Division/Section: E	Roll No.: 537
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SONI SANDEEPKUMAR BHAIYARAM</b>	Mother's Name: SHAKUNTALA	Gender: Male
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Name in Vernacular Language: सोनी संदीपकुमार भैयाराम

Address: AZIM MANZIL, ASALFA SUNDERBAUG NSS ROAD GHATKOPAR WEST

City: GHATKOPAR, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 919594104770	Email : sandeepsoni12012@gmail.com
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DOB: Jan 12, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236177 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Nevekar*

PRN: 2017016400839545	Eligibility Status: Eligible	Examination form No.: 029225 	Division/Section: D	Roll No.: 393
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NEVREKAR SHAMIKA MANGESH</b>	Mother's Name: MADHURI	Gender: Female
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Name in Vernacular Language: नेवरेकर शमिका मंगेश

Address: ROOM NO 2 RAGHUNATH NIWAS CHAWL SAI HILL TP ROAD NARDAS NAGAR

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078

Telephone no.: Mobile no: 918070019961 Email : snevrekar3@gmail.com

DOB: Nov 22, 1999 Category: Reserved (OBC) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235940 (Status: ATKT)

Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees

Mark Statement Fee Total:

### Payment Details:

Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**  
Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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*Pashte*

PRN: 2017016400839553	Eligibility Status: Eligible	Examination form No.: 029226 	Division/Section: D	Roll No.: 411
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PASHTE SEJAL SURESH</b>	Mother's Name: SAYALI	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: पाष्टे सेजल सुरेश

Address: Near Hanuman Mandir, 60, Dhulekar Chawl R/n 5, V.N.Purav Marg, Sion-Chunabhatti Mumbai 400022

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400022

Telephone no.:	Mobile no: 918879616081	Email : sejal.pashte@gmail.com
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DOB: Jan 07, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235982 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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A. J. Gosar

PRN: 2017016400839561	Eligibility Status: Eligible	Examination form No.: 029227 	Division/Section: F	Roll No.: 629
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GOSAR ABHISHEK JITESH</b>	Mother's Name: MINAL	Gender: Male
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Name in Vernacular Language: गोंसर अभिषेक जितेश

Address: ROOM NO.204/A/46, DEVASHISH BUILDING BUDHDHI SAGAR RD, SECTOR NO. 3

City: MIRA ROAD EAST, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 401107

Telephone no.: Mobile no: 918141210882 Email : abhishekgosar16@gmail.com

DOB: Dec 19, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235764 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees

Mark Statement Fee Total:

**Payment Details:** Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**  
Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Aayush*

PRN: 2017016400839673	Eligibility Status: Eligible	Examination form No.: 029228 	Division/Section: B	Roll No.: 167
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SINGHVI AAYUSH LAXMILAL</b>	Mother's Name: MANGIDEVI	Gender: Male
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Name in Vernacular Language: सिंघवी आयुष्य लक्समिलाल

Address: A-34 GIRHAR NAGAR JIVDAYA LANE GHATKOPAR WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919702339417	Email : nikitaj7791@gmail.com
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DOB: Jan 16, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236168 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400839696	Eligibility Status: Eligible	Examination form No.: 029229 	Division/Section: C	Roll No.: 310
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JADEJA VRUSHABHSINH MAHIPATSINH</b>	Mother's Name: BHAVNABA	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: જાડેજા વૃષભસિંહ મહિપત્સિંહ
---

Address: 26/3,samadhan building, new ayre road,near vitthal mandir dattnager, dombivali(east)
---

City: dombivali, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
---

Telephone no.:	Mobile no: 919833802379	Email : vrushabhjadeja@gmail.com
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DOB: Apr 09, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235796 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400839707	Eligibility Status: Eligible	Examination form No.: 029230 	Division/Section: F	Roll No.: 675	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: MAURYA GAUTAM RAMKRIPAL	Mother's Name: CHANDRASILA	Gender: Male
---	----------------------------	--------------

Name in Vernacular Language: मौर्य गौतम रामकृपाल
--

Address: MILIND NAGAR KURLA CARSHED GATE NO.6 NEAR GANESH WELFARE SOCIETY KHADI NATHANI ROAD. KURLA WEST 400070
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070
---

Telephone no.:	Mobile no: 919930815467	Email : GAUTAMMAURYA158@GMAIL.COM
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DOB: Feb 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235910 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400839715	Eligibility Status: Eligible	Examination form No.: 029231 	Division/Section: E	Roll No.: 474	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAKPAL VAISHNAVI DEEPAK</b>	Mother's Name: NARMTA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: सकपाळ वैष्णवी दीपक

Address: House no. 22/4 Powai chowk Mulund colony (west)

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400008

Telephone no.:	Mobile no: 919920240232	Email : vsakpal.n@gmail.com
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DOB: Jul 05, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236316 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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V.D.Kolhe

PRN: 2017016400839723	Eligibility Status: Eligible	Examination form No.: 029232 	Division/Section: A	Roll No.: 51
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KOLHE VIJAY DEVIDAS</b>	Mother's Name: VIMAL	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: कॊल्हे विजय देविदास

Address: NEAR SAMAJ KALYAN HALL KENDRA B-601 SAI KRUPA CHS BHATWADI GHATKOPAR WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 919757297485	Email : vijaykolhe77@gmail.com
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DOB: Oct 01, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236283 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*meeind*

PRN: 2017016400839731	Eligibility Status: Eligible	Examination form No.: 029233 	Division/Section: C	Roll No.: 288
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GANGAWANE MILIND NARAYAN</b>	Mother's Name: LATA	Gender: Male
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Name in Vernacular Language: गंगावणे मिलिंद नारायण

Address: A WING 419 JAY HANUMAN CHS NEW MANEKLAL ESTATE JAGRUTI NAGAR S N MEHTA MARG GHATKOPAR WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 917400315698	Email : milindgangawane4@gmail.com
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DOB: Aug 01, 1999	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235746 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Ebenezer

PRN: 2017016400839746	Eligibility Status: Eligible	Examination form No.: 029234 	Division/Section: F	Roll No.: 668
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MADIKONDA EBENEZER RAJKUMAR</b>	Mother's Name: RAJITHA	Gender: Male
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Name in Vernacular Language: मडिकोंडा एबेनेजर राजकुमार

Address: B/3, CHINTAMANI CHS SURYANAGAR VITAVA THANE EAST

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605

Telephone no.:	Mobile no: 918879593777	Email : ebenezermadikonda9@gmail.com
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DOB: Nov 27, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235894 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400839793	Eligibility Status: Eligible	Examination form No.: 029235 	Division/Section: C	Roll No.: 313
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN DARSHANA RAJESH</b>	Mother's Name: CHANDA	Gender: Female
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Name in Vernacular Language: जैन दर्शना राजेश

Address: VISHNU NARAYAN BUILDING KHADAK ROAD NEAR NAZARANA COMPOUND

City: BHIWANDI, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421302

Telephone no.:	Mobile no: 918600340608	Email : syeldi@gmail.com
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DOB: May 20, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235807 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400839835	Eligibility Status: Eligible	Examination form No.: 029236 	Division/Section: F	Roll No.: 683
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PAGUNTI SAIARTI SHANKAR</b>	Mother's Name: PADMA	Gender: Female
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Name in Vernacular Language: पागुंटी साईआरती शंकर
---

Address: 01, B Wing, Prashant Chhaya Apartment Prashant Nagar, Mumbradevi Colony Road
---

City: Diva east, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612
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Telephone no.:	Mobile no: 917039422343	Email : saiarti.pagunti@gmail.com
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DOB: Jul 27, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235947 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Rane*

PRN: 2017016400839851	Eligibility Status: Eligible	Examination form No.: 029237 	Division/Section: E	Roll No.: 464
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RANE SIDDHI MILIND</b>	Mother's Name: MANALI	Gender: Female
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Name in Vernacular Language: राने सिद्धी मिलिंद

Address: 202/8150 Apurva Siddhi Co-op Housing Society Kannamwar Nagar 1 Vikhroli East

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083

Telephone no.: Mobile no: 919869971149 Email : sivira1274@yahoo.co.in

DOB: Mar 22, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236047 (Status: ATKT)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

**Payment Details:** Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**  
Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Raghu*

PRN: 2017016400839866	Eligibility Status: Eligible	Examination form No.: 029238 	Division/Section: F	Roll No.: 703
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>POOJARY RAKSHITHA RAGHU</b>	Mother's Name: SHAKUNTHALA	Gender: Female
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Name in Vernacular Language: पुजारी रक्षिता रघु

Address: 10, KADAR MALBAR CHAWL NO.03 SHREYAS GARDEN GHATKOPAR WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.: Mobile no: 919769457145 Email : rakshitapoojary30041999@gmail.com

DOB: Apr 30, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236026 (Status: Pass)

Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees

Mark Statement Fee Total:

### Payment Details:

Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**  
Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400839874	Eligibility Status: Eligible	Examination form No.: 029239 	Division/Section: F	Roll No.: 637	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: IDRISI ZAINAB KHATUN SAGEER AHMED	Mother's Name: ZAITUNNISA	Gender: Female
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Name in Vernacular Language: इद्रिस जैनब खतून संगीत अहमद

Address: S.G BARVE MARG, C.S.T ROAD, 116 HIRAKUMBHAR CHAWL, KURLA WEST, MUMBAI-70

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070

Telephone no.: Mobile no: 917666252057 Email : ZAINABIDRISI98@gmail.com

DOB: Dec 05, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235792 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400839882	Eligibility Status: Eligible	Examination form No.: 029240 	Division/Section: A	Roll No.: 04
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ANCHAN SHREYA GANGADHAR</b>	Mother's Name: GIRIJA	Gender: Female
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Name in Vernacular Language: अंचन श्रेया गंगाधर
---

Address: REGINA,CO-OP,HSG,D-18,B-302,SECTOR-20,AIROLI,NAVI MUMBAI REGINA,CO-OP,HSG,D-18,B-302,SECTOR-20,AIROLI,NAVI MUMBAI
--

City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400708
--

Telephone no.:	Mobile no: 918452917827	Email : shreya15042000@gmail.com
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DOB: Apr 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235606 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ;Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Choudhary*

PRN: 2017016400839897	Eligibility Status: Eligible	Examination form No.: 029241 	Division/Section: A	Roll No.: 26
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHOUDHARY MANISHA KUPARAM</b>	Mother's Name: PYARIDEVI	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: चौधरी मनीषा कुपाराम

Address: e-151, cidco colony, sector-3, airoli, navi mumbai e-151, cidco colony, sector-3, airoli, navi mumbai

City: navi mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400078

Telephone no.:	Mobile no: 917045758652	Email : choudharyanisha73@gmail.com
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DOB: Apr 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235682 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400839901	Eligibility Status: Eligible	Examination form No.: 029242 	Division/Section: C	Roll No.: 208
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ANSARI SUQAINA FATIMA M AZHAR</b>	Mother's Name: ZAR NIGAR	Gender: Female
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Name in Vernacular Language: अन्सारी सुकईना फातिमा मी अझहर
--

Address: prema varshi blg, 2nd flr, rm no 1. kamani medical sunder baug, LBS marg kamani kurla west mumbai 400070
---

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070
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Telephone no.:	Mobile no: 919619002640	Email : suqainaansari@gmail.com
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DOB: Aug 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235610 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Kadam*

PRN: 2017016400839916	Eligibility Status: Eligible	Examination form No.: 029243 	Division/Section: D	Roll No.: 346
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KADAM YASHSHRI DHANANJAY</b>	Mother's Name: ALKA	Gender: Female
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Name in Vernacular Language: कदम यशश्री धनंजय

Address: 71/A ROOM NO 4 JAYACOTTAGE SOC BAIL BAZAR NR SHEETAL TALAV

City: Mumbai (Suburban), Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 919769077848	Email : kadamyashshri2104@gmail.com
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DOB: Apr 21, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235839 (Status: Pass)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Divyate*

PRN: 2017016400839955	Eligibility Status: Eligible	Examination form No.: 029244 	Division/Section: D	Roll No.: 347
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KALE DIVYATA GIRISH</b>	Mother's Name: SUJATA	Gender: Female
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Name in Vernacular Language: KALE DIVYATA GIRISH
--

Address: ROOM NO.7, NEW DAYASAGAR, C/1, BHATWADI, R.B. KADAM MARG,
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084
---

Telephone no.:	Mobile no: 919869127710	Email : DIVYATA.KALE01@GMAIL.COM
----------------	-------------------------	----------------------------------

DOB: May 12, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235842 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400839963	Eligibility Status: Eligible	Examination form No.: 029245 	Division/Section: C	Roll No.: 255
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DAND JAY UTTAM</b>	Mother's Name: KUMKUM	Gender: Male
---------------------------------------	-----------------------	--------------

Name in Vernacular Language: जय उत्तम दंड

Address: A-202, Shanti Apartments, Mahakali nagar. Vidhyalaya Marg, Mulund (east) Mumbai 400-081

City: Mumbai , Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400081

Telephone no.:	Mobile no: 917678029919	Email : jaydand9@gmail.com
----------------	-------------------------	----------------------------

DOB: Nov 25, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235693 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400839971	Eligibility Status: Eligible	Examination form No.: 029246 	Division/Section: D	Roll No.: 438
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>POKAR RUCHI NILESH</b>	Mother's Name: PREETI	Gender: Female
Name in Vernacular Language: RUCHI		
Address: 605-A RABHA TOWER GANGA WADI		
City: Ghatkoper, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 918291431922	Email : pokarruchi@gmail.com
DOB: Mar 07, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236025 (Status: ATKT)
Exam form appearance type: Fresher		

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Nidhi*

PRN: 2017016400839986	Eligibility Status: Eligible	Examination form No.: 029247 	Division/Section: C	Roll No.: 248
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHAWDA NIDHI HASMUKH</b>	Mother's Name: BEENA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: चावंड निधी हसमुख

Address: A/309, SWASTIK DAMLE BLDG SAVARKAR ROAD

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201

Telephone no.:	Mobile no: 918689806933	Email : nidhi86898@gmail.com
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DOB: Sep 17, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235677 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Siddhi Dalvi*

PRN: 2017016400840003	Eligibility Status: Eligible	Examination form No.: 029248 	Division/Section: C	Roll No.: 254
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DALVI SIDDHI MANGESH</b>	Mother's Name: MANASI	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: दळवी सिद्धी मंगेश
--

Address: B-606 VATSALYA DEEP CHS GAWANPADA MULUND EAST
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400081
---

Telephone no.:	Mobile no: 918879458292	Email : siddhidalvi1997@gmail.com
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DOB: May 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235691 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

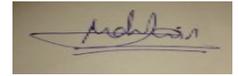
<http://mum.digitaluniversity.ac/>

S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400840042	Eligibility Status: Eligible	Examination form No.: 029249 	Division/Section: C	Roll No.: 315
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN MEHUL MAHAVIR</b>	Mother's Name: NEETA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: जैन मेहुल महावीर

Address: building no.-c-8-n ,room no.-6 new kamdhenu chs,mg complex sector-14,

City: navi mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703

Telephone no.:	Mobile no: 919920224580	Email : mehulj913@gmail.com
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DOB: Nov 11, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235812 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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*Manan Shah*

PRN: 2017016400840065	Eligibility Status: Eligible	Examination form No.: 029250 	Division/Section: F	Roll No.: 724
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH MANAN NITIN</b>	Mother's Name: VANDANA	Gender: Male
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Name in Vernacular Language: SHAH MANAN NITIN

Address: C-43N-2 MG COMPLEX AMAR JYOTI CHS VASHI, NAVIMUMBAI

City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703

Telephone no.: 27658666	Mobile no: 917715851379	Email : mananshah838@gmail.com
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DOB: Aug 13, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236106 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**

Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2017016400840115	Eligibility Status: Eligible	Examination form No.: 029251 	Division/Section: F	Roll No.: 711
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: SAHU SWATI LOKNATH	Mother's Name: KUNI	Gender: Female
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Name in Vernacular Language:swati
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Address: Room no.7 Abdul karim chawl Rajaram shivram bane marg Laxmi baug ghatkopar (east) Mumbai-400075
--

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075
--

Telephone no.:	Mobile no: 917400146030	Email : sahuswati2900@gmail.com
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DOB: May 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236060 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Kunal*

PRN: 2017016400840131	Eligibility Status: Eligible	Examination form No.: 029252 	Division/Section: F	Roll No.: 676
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MEHTA KUNAL BASANTILAL</b>	Mother's Name: VANITA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: मेहता कुणाल BASANTILAL

Address: ROOM NO.2, RATNABAI SADAN PIPELINE, SAKINAKA MUMBAI

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072

Telephone no.:	Mobile no: 918108440406	Email : mehta.abhishek95@yahoo.com
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DOB: Apr 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235914 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2017016400840146	Eligibility Status: Eligible	Examination form No.: 029253 	Division/Section: C	Roll No.: 309
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JADEJA KRISHNARAJSIH RANJITSINH</b>	Mother's Name: GNAYANBA	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: जडेजा कृष्णराजसिंह रणजितसिंह

Address: A/2 LAXMI BHAVAN MOHILI VILLAGE SAKINAKA

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072

Telephone no.:	Mobile no: 918693083887	Email : krishjadeja04@gmail.com
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DOB: Sep 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235795 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840162	Eligibility Status: Eligible	Examination form No.: 029254 	Division/Section: A	Roll No.: 109
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>UPADHYAY SHIVAM VIMAL</b>	Mother's Name: SEEMA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: उपाध्याय शिवम विमल

Address: PANKAJ B-77, LBS MARG, GHATKOPAR WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919619104332	Email : SHIVAM5@GMAIL.COM
----------------	-------------------------	---------------------------

DOB: Feb 17, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236330 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840227	Eligibility Status: Eligible	Examination form No.: 029255 	Division/Section: C	Roll No.: 251	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHOUDHARY MOHAMMED KAIF KALEEMULLAH</b>	Mother's Name: NAGMA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: CHOUDHARY MOHAMMED KAIF KALEEMULLAH
--

Address: 44, Unwala Building, Room No.3, Unwala Compound, Pipe Road, Near Wahid Hotel, Behind Brahmanwadi, Kurla (West),
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070
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Telephone no.:	Mobile no: 919820637167	Email : kaifqadri.kqc@gmail.com
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DOB: May 21, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235683 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*(Signature)*

PRN: 2017016400840235	Eligibility Status: Eligible	Examination form No.: 029256 	Division/Section: F	Roll No.: 614
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DANGE PRANAV ANIL</b>	Mother's Name: ANKITA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: डॅांगे प्रणव अनिल

Address: 1/6 BAINABAI H CHAWL, KAJU HILL, NEAR SAI TEMPLE, GHATKOPAR

City: GHATKOPAR, Taluka: , District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.: Mobile no: 918384055438 Email : pranavdange22@gmail.com

DOB: Jun 22, 1999 Category: Reserved (SBC) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235695 (Status: ATKT)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

**Payment Details:** Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**  
Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Signature*

PRN: 2017016400840251	Eligibility Status: Eligible	Examination form No.: 029257 	Division/Section: A	Roll No.: 66
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PAGARE SHEETAL BHIMRAO</b>	Mother's Name: REKHA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: पगारे शीतल भीमराव

Address: GALLI NO 8, VATSALA TAI NAIK NAGAR SG BARVE MARG

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400071

Telephone no.:	Mobile no: 918070318682	Email : sheetalpagare20@gmail.com
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DOB: Feb 20, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235946 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Anita

PRN: 2017016400840316	Eligibility Status: Eligible	Examination form No.: 029258 	Division/Section: C	Roll No.: 299
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GUJIRI ANITA LOKNATH</b>	Mother's Name: SHRIMANTINI	Gender: Female
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Name in Vernacular Language: गुजिरी अनिता लोकनाथ

Address: DR AMBEDKAR NAGAR NAUPADA RAJU RAJU BADEKAR MARG KURLA

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 918652052950	Email : PANADAANITA2000@GMAIL.COM
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DOB: Mar 06, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235769 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840332	Eligibility Status: Eligible	Examination form No.: 029259 	Division/Section: C	Roll No.: 321
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PASHILKAR SAKSHI SANDESH</b>	Mother's Name: NEETA	Gender: Female
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Name in Vernacular Language: पाशिलकर साक्षी संदेश

Address: chawl no. 17 kds gaikwad nagar py thorat marg chuembur mumbai

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400089

Telephone no.:	Mobile no: 917039215927	Email : pashilkarsakshi@gmail.com
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DOB: Jun 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235981 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Kelaskar*

PRN: 2017016400840355	Eligibility Status: Eligible	Examination form No.: 029260 	Division/Section: D	Roll No.: 354
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KELASKAR AAKANKSHA DASHRATH</b>	Mother's Name: SUPRIYA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: केळसकर आकांक्षा दशरथ

Address: C 106 KAILASH PARK LAKE ROAD TULSHETPADA

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078

Telephone no.:	Mobile no: 919867390256	Email : dashrath_k@yahoo.com
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DOB: Oct 23, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235861 (Status: ATKT)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

### To, The Controller of Examination,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*SANA*

PRN: 2017016400840363	Eligibility Status: Eligible	Examination form No.: 029261 	Division/Section: F	Roll No.: 661
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHAN SANA KHATOON BADRE ALAM</b>	Mother's Name: MUJIBUNNISA	Gender: Female
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Name in Vernacular Language: खान सना खातून बंदरे आलम
--

Address: Flat No 404, I-Wing, Premier Residency, Near Kohinoor City Kurla West
--

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070
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Telephone no.:	Mobile no: 918433778416	Email : ks0271392@gmail.com
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DOB: Mar 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235872 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Harshil*

PRN: 2017016400840386	Eligibility Status: Eligible	Examination form No.: 029262 	Division/Section: F	Roll No.: 635
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>HARIA HARSHIL MUKUND</b>	Mother's Name: MINAL	Gender: Male
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Name in Vernacular Language: HARSHIL
--------------------------------------

Address: FLAT NO.15,TRIVENI CHS VALLABH BAUG LANE EXT GHATKOPAR (E)
---

City: MUMBAI , Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077
--

Telephone no.:	Mobile no: 919619452558	Email : harshilhariarocks@gmail.com
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DOB: Feb 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235789 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Hardik*

PRN: 2017016400840405	Eligibility Status: Eligible	Examination form No.: 029263 	Division/Section: F	Roll No.: 634
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>HARIA HARDIK MUKUND</b>	Mother's Name: MINAL	Gender: Male
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Name in Vernacular Language: हरिश्चै हरिश्च MUKUND
--

Address: FLAT NO.15, TRIVENI chs VALLABH BAUG LANE EXTN GHATKOPAR (E)
---

City: MUMBAI , Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077
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Telephone no.:	Mobile no: 919619932658	Email : hardikharia99@gmail.com
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DOB: Feb 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235788 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840421	Eligibility Status: Eligible	Examination form No.: 029264 	Division/Section: F	Roll No.: 745	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TAMBE ROHAN RAJENDRA</b>	Mother's Name: MADHURI	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: तांबे रोहन राजेंद्र
--

Address: 1/15,alex mendonza chawl Near sai mandir Bhandup-(east)
--

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400042
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Telephone no.:	Mobile no: 917718055864	Email : rohantambe025@gmail.com
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DOB: Feb 25, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236184 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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*Alfreen*

PRN: 2017016400840444	Eligibility Status: Eligible	Examination form No.: 029265 	Division/Section: E	Roll No.: 502
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH AAFREEN SHABBIR</b>	Mother's Name: GALIB BI	Gender: Female
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Name in Vernacular Language: शेख आफरीन शब्बीर

Address: AMARDIP SOC., VATURE CHAWL VARSHA NAGAR PARK SITE, VIKHROLI WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079

Telephone no.:	Mobile no: 918898113786	Email : afreen28021999@gmail.com
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DOB: Feb 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236119 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840467	Eligibility Status: Eligible	Examination form No.: 029266 	Division/Section: E	Roll No.: 521	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHIRKE VAISHNAVI UTTAM</b>	Mother's Name: CHHAYA	Gender: Female
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Name in Vernacular Language: वैष्णवी उत्तम शिर्के

Address: A/6, 401 saket complex majiwada,thane(w)

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601

Telephone no.:	Mobile no: 919769961124	Email : shirkevaishnaviu@gmail.com
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DOB: Nov 24, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236154 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840483	Eligibility Status: Eligible	Examination form No.: 029267 	Division/Section: D	Roll No.: 372
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MAMNIYA MEET PRASHANT</b>	Mother's Name: RINKU	Gender: Male
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Name in Vernacular Language: MAMNIYA MEET PRASHANT
--

Address: D/120, Madhuri Bldg, Chembur Gavthan, R.C. Marg, Chembur, Mumbai, 400071
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400071
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Telephone no.:	Mobile no: 918692802767	Email : meetmamniya0404@gmail.com
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DOB: Apr 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235899 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840491	Eligibility Status: Eligible	Examination form No.: 029268 	Division/Section: D	Roll No.: 414
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL DHWANI RAMNIK</b>	Mother's Name: SHANTA	Gender: Female
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Name in Vernacular Language: पटेल ध्वानि रमणीक

Address: 11/96 NARAYAN NAGAR LBS MARG GHATKOPAR WEST MUMBAI

City: MUMBAI , Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919323409328	Email : pateldhwani1199@gmail.com
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DOB: Nov 11, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235986 (Status: ATKT)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840533	Eligibility Status: Eligible	Examination form No.: 029269 	Division/Section: F	Roll No.: 625	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GANIGA RANJITA UDAY VIJAYA</b>	Mother's Name: VIJAYA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: गानिगा रणजित उदय विजया

Address: ROOM NO.5 P M MOHD CHAWL NSS ROAD AHMEDI MASJID

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 919819533946	Email : ranjitagana182@gmail.com
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DOB: Feb 18, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235747 (Status: ATKT)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840541	Eligibility Status: Eligible	Examination form No.: 029270 	Division/Section: A	Roll No.: 27
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHOUHARY MOHD SHAYAN SAIFULLAH</b>	Mother's Name: SHAHEDA	Gender: Male
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Name in Vernacular Language: चौधरी मोहद शयन सैफुल्लाह

Address: C-210, 2ND FLOOR, DWARKA SHOPPING CENTRE, SONAPUR LANE, KURLA(WEST)

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 919323483803	Email : SHAYANCHD73@GMAIL.COM
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DOB: Jun 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235684 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840556	Eligibility Status: Eligible	Examination form No.: 029271 	Division/Section: B	Roll No.: 138
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GUPTA KAJAL INDRABHADUR</b>	Mother's Name: URMILA	Gender: Female
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Name in Vernacular Language: काजल

Address: ROOM NO. 501 - 2/2, RAMNAGAR A, VIABHAG , GHATKOPAR (W), MUMBAI.

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919619291998	Email : 1234kajalgupta@gmail.com
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DOB: Jul 12, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235774 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400840564	Eligibility Status: Eligible	Examination form No.: 029272 	Division/Section: A	Roll No.: 19	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHAUDHARY HIFSA FAZLU REHMAN</b>	Mother's Name: SHAMINARA	Gender: Female
---	--------------------------	----------------

Name in Vernacular Language: चौधरी हिफसा फजलू रहमान

Address: A/203, DWARKA SHOPPING CENTRE, F.P.P ROAD, L.B.S ROAD, KURLA (WEST)

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 918451885328	Email : mohdzaidchaudhary@gmail.com
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DOB: Mar 30, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235665 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2017016400840572	Eligibility Status: Eligible	Examination form No.: 029273 	Division/Section: E	Roll No.: 587
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GOHIL MAHESH BHUPAT</b>	Mother's Name: GEETABEN	Gender: Male
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Name in Vernacular Language: गोहिल महेश भूपती
---

Address: 5/9,RANUBAI SHINDE CHAWL L-WARD,KAJUPADA PIPE LINE
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072
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Telephone no.:	Mobile no: 919820419285	Email : go.mahesh678@gmail.com
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DOB: Jul 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235755 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840595	Eligibility Status: Eligible	Examination form No.: 029274 	Division/Section: A	Roll No.: 80
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: PAWAR NEHA VIJAY	Mother's Name: VEENA	Gender: Female
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Name in Vernacular Language: पवार नेहा विजय

Address: ROOM NO 2 SVAYAMBHU CHS BHANDUP E BHANDUP E

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400042

Telephone no.:	Mobile no: 919892701725	Email : pawarnp1522@gmail.com
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DOB: May 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236012 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840614	Eligibility Status: Eligible	Examination form No.: 029275 	Division/Section: E	Roll No.: 518	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: SHETTY AAYESHA PADMANABHA	Mother's Name: JAYA	Gender: Female
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Name in Vernacular Language: शेटी आयेशा पद्मनाभ
---

Address: chandrabhaga society dilip gupta nager vikroli (w)
---

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079
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Telephone no.:	Mobile no: 918879852116	Email : dtechacademy@gmail.com
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DOB: Aug 13, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236147 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840653	Eligibility Status: Eligible	Examination form No.: 029276 	Division/Section: D	Roll No.: 338	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAKHOTIA MUSKAN MAHESH</b>	Mother's Name: POOJA	Gender: Female
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Name in Vernacular Language: JAKHOTIA मुस्कान MAHESH

Address: A/16, 3RD FLOOR MIRANI NAGAR KOPRI COLONY

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400603

Telephone no.: 72399	Mobile no: 919920415948	Email : msjakhotia@gmail.com
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DOB: May 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235826 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Signature*

PRN: 2017016400840684	Eligibility Status: Eligible	Examination form No.: 029277 	Division/Section: A	Roll No.: 57
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MANIYAR KARISHMA AZAM</b>	Mother's Name: ASMA	Gender: Female
--	---------------------	----------------

Name in Vernacular Language: मणियार करिष्मा आझम

Address: 164 SAYYED HOUSE KALE MARG BAIL BAZAR

City: Mumbai (Suburban), Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 918689831433	Email : baderjahanmaniyar1402@gmail.com
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DOB: Oct 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236291 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Sanika*

PRN: 2017016400840726	Eligibility Status: Eligible	Examination form No.: 029278 	Division/Section: C	Roll No.: 267
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DHURI SANIKA GANESH</b>	Mother's Name: SAYALI	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: धुरी सानिका गणेश

Address: A-31 GANESH KRUPA ATLANTA TOWER VIDYALAYA MARG BHOIR NAGAR MULUND EAST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400081

Telephone no.:	Mobile no: 919969692075	Email : sanikadhuri6@gmail.com
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DOB: Nov 18, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235714 (Status: Pass)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Pranjal*

PRN: 2017016400840742	Eligibility Status: Eligible	Examination form No.: 029279 	Division/Section: C	Roll No.: 253
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DALVI PRANJAL ARUN</b>	Mother's Name: NITA	Gender: Female
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Name in Vernacular Language: प्रांजल अरुण दळवी

Address: ROOM NO. 204, SHUBHA SHAGUN APT RAMCHANDRA NAGAR NO. 03 VAITTIWADI

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604

Telephone no.:	Mobile no: 918652895576	Email : pranjaldalvi7@gmail.com
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DOB: Jul 07, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235689 (Status: Pass)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840781	Eligibility Status: Eligible	Examination form No.: 029280 	Division/Section: F	Roll No.: 657	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHAN KANEEZ FATMA SAHAB ALI</b>	Mother's Name: IRFANA	Gender: Female
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Name in Vernacular Language: खान कनीज फातमा साहब अली
--

Address: Samrat society,A-101,1st floor Father peter pereira road. kurla (west)
---

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070
--

Telephone no.:	Mobile no: 917738826750	Email : kaneezkhan1999@gmail.com
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DOB: Nov 05, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235868 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

<b>Declaration by Principal/HOD/Chairperson</b>
---

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400840854	Eligibility Status: Eligible	Examination form No.: 029281 	Division/Section: E	Roll No.: 501	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAHU AJAY DEEPCHAND</b>	Mother's Name: MAMTA	Gender: Male
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Name in Vernacular Language: शाहू अजय दीपचंद
--

Address: ROOM NO.445 BHAGWAN CHAWL MANJARLI ROAD MOHANNAND NAGAR
--

City: BADLAPUR WEST, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421503
--

Telephone no.:	Mobile no: 917507966459	Email : ajaydeepshahu@gmail.com
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DOB: Aug 05, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236118 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

<b>Declaration by Principal/HOD/Chairperson</b>
---

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2017016400840862	Eligibility Status: Eligible	Examination form No.: 029282 	Division/Section: A	Roll No.: 54
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MAGAR RAJESH BABURAO</b>	Mother's Name: MANISHA	Gender: Male
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Name in Vernacular Language: मगर राजेश बाबुराव

Address: 133, BMK COMPOUND, KAKACHI CHAWL, KRANTI NAGAR BAIL BAZAR, KURLA WEST,

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 917738908105	Email : rajeshmagar648@gmail.com
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DOB: Sep 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236289 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840893	Eligibility Status: Eligible	Examination form No.: 029283 	Division/Section: B	Roll No.: 165
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH VIDHI NITIN</b>	Mother's Name: MAYURI	Gender: Female
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Name in Vernacular Language: शाह विधी नितिन
---

Address: C/404, SANSKAR JYOT, NEAR MORE TOWER DOMBIVLI WEST
---

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202
--

Telephone no.:	Mobile no: 919930245343	Email : paresh_net2@yahoo.co.in
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DOB: Oct 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236114 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400840904	Eligibility Status: Eligible	Examination form No.: 029284 	Division/Section: D	Roll No.: 361	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHANVILKAR ANUSHKA SUDHIR JUILEE</b>	Mother's Name: JUILEE	Gender: Female
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Name in Vernacular Language: अनुष्का सुधीर खानविलकर
---

Address: 6, moreshwar society ganesh maidan, kulkarni wadi asalfa village, mumbai
---

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084
---

Telephone no.:	Mobile no: 918268542925	Email : khanvilkaranushka33@gmail.com
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DOB: Jul 16, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235876 (Status: ATKT)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Shruti*

PRN: 2017016400840927	Eligibility Status: Eligible	Examination form No.: 029285 	Division/Section: D	Roll No.: 371
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: <b>MAHADESHWAR SHRUTI VINAYAK</b>	Mother's Name: VINITA	Gender: Female

Name in Vernacular Language: महादेश्वर श्रुती विनायक

Address: GARUD ZEP SAHAKAR SOCIETY LTD ROOM NO 9 SARVODAYA NAGAR BHANDUP WEST MUMBAI

City: MUMBAI SUBURBAN, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078

Telephone no.: Mobile no: 917039702748 Email : shrutivinayakm@gmail.com

DOB: Apr 20, 2000 Category: Reserved (OBC) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235896 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*V. P. Vora*

PRN: 2017016400840943	Eligibility Status: Eligible	Examination form No.: 029286 	Division/Section: E	Roll No.: 568
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VORA VEEDHEE RAJESH</b>	Mother's Name: MEENA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: व.प.व.राजेश

Address: A/203,jai gurukrupa, Dr. R.P.road, dombivali east

City: dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201

Telephone no.:	Mobile no: 919833784524	Email : vidhivora306@gmail.com
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DOB: Jun 30, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236229 (Status: ATKT)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

**Payment Details:** Amount Received: College Receipt No. and Date:

DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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*Mansi*

PRN: 2017016400841014	Eligibility Status: Eligible	Examination form No.: 029287 	Division/Section: A	Roll No.: 71
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>PANCHAL MANSI ASHWINKUMAR</b>	Mother's Name: MANJUBEN	Gender: Female
Name in Vernacular Language: पंचाल मानसी अश्विनकुमार		
Address: ROOM NO. 20, CHAWL NO. 1, DEVI NIWAS CHAWL, JAMIL NAGAR ROAD, BHANDUP(W)		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078		
Telephone no.:	Mobile no: 918652570464	Email : mansipanchal2799@gmail.com
DOB: Dec 27, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235957 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400841045	Eligibility Status: Eligible	Examination form No.: 029288 	Division/Section: A	Roll No.: 25
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ISHITA NIMESH CHOTHANI</b>	Mother's Name: JASMINA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: इशिता निमेष चोथानी

Address: b/6, manjula smruti, gupte road. dombivli(west)

City: dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202

Telephone no.: Mobile no: 919167345091 Email : parth.chothani321@gmail.com

DOB: Jul 28, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236263 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees

Mark Statement Fee Total:

**Payment Details:** Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**  
Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Heer*

PRN: 2017016400841053	Eligibility Status: Eligible	Examination form No.: 029289 	Division/Section: E	Roll No.: 545
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THACKER HEER RAKESH</b>	Mother's Name: URVASHI	Gender: Female
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Name in Vernacular Language: HEER
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Address: 202 SHREE RAM KRISHNA NIVAS G.V.SCHEME ROAD NO. 01 MULUND EAST
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400081
---

Telephone no.: 25637275	Mobile no: 919821458702	Email : htstarlight@gmail.com
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DOB: Dec 25, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236190 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	<p>Student's Signature</p>

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

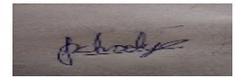
<http://mum.digitaluniversity.ac/>

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PRN: 2017016400841061	Eligibility Status: Eligible	Examination form No.: 029290 	Division/Section: F	Roll No.: 656
Instruction Medium:			Nationality:	India

### Student's Personal Information

Student's Name: <b>KHADYE PRAJKTA MANGESH</b>	Mother's Name: MEENAKSHI	Gender: Female
Name in Vernacular Language: प्राजक्ता मंगेश खाडये		
Address: 17/B/B, ROOM NO-104 SANGHARSHA NAGAR CHANDIVALI, ANDHERI(EAST)		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072		
Telephone no.:	Mobile no: 918652894643	Email : deepikakhadye94@gmail.com
DOB: Dec 28, 1999	Category: Reserved (OBC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235863 (Status: ATKT)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Komal

PRN: 2017016400841126	Eligibility Status: Eligible	Examination form No.: 029291 	Division/Section: D	Roll No.: 369
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KUMAWAT KOMAL GOVINDRAM</b>	Mother's Name: SANGEETA	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: कुमावत कोमल गोविंदराम
--

Address: 81/6-C, MALBAR HILL ROAD MULUND COLONY MULUND(WEST)
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400082
---

Telephone no.:	Mobile no: 917666191845	Email : komalkumawat097@gmail.com
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DOB: Jul 01, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235890 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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Shah BJ

PRN: 2017016400841142	Eligibility Status: Eligible	Examination form No.: 029292 	Division/Section: F	Roll No.: 719
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>SHAH BHUSHAN TUSHAR</b>	Mother's Name: BINA	Gender: Male
Name in Vernacular Language: शाह भूषण तुषार		
Address: 11, KMS HOSTEL, JAYRAM KRISHNA SOCIETY DESHMUKHWADI, MITHAGHAR ROAD MULUND (E)		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400081		
Telephone no.:	Mobile no: 917666347125	Email : bhushan121199@gmail.com
DOB: Nov 12, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236095 (Status: Pass)
Exam form appearance type: Fresher		

Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )			
SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson		
This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.		
Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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Jignesh

PRN: 2017016400841173	Eligibility Status: Eligible	Examination form No.: 029293 	Division/Section: D	Roll No.: 400
Instruction Medium:			Nationality:	India

### Student's Personal Information

Student's Name: <b>PANCHAL JIGNESH CHANDRAKANT</b>	Mother's Name: BHAGVATI	Gender: Male
Name in Vernacular Language: જીગ્નેશ		
Address: Room no 702,7th,bldg no 4d,pmgp colony Sion Bandra link road Sion east Mumbai 400017		
City: Mumbai, Taluka: Maharashtra, District: , State: Maharashtra, PIN: 400017		
Telephone no.: 9892621123	Mobile no: 919920047904	Email : jgipanchal538@gmail.com
DOB: Oct 29, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235956 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400841196	Eligibility Status: Eligible	Examination form No.: 029294 	Division/Section: C	Roll No.: 287	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GANGAR KRIPALI DINESH</b>	Mother's Name: ASHWINI	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: गंगार कृपाली दिनेश
---

Address: 2/1ST. FLOOR, LATHI VILLA, JETHABHAI LANE GHATKOPAR (EAST)
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077
---

Telephone no.:	Mobile no: 917738718908	Email : kripaligangar@gmail.com
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DOB: Dec 23, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235744 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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*Pawar*

PRN: 2017016400841207	Eligibility Status: Eligible	Examination form No.: 029295 	Division/Section: D	Roll No.: 433
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PAWAR VISHAKHA RAJENDRA</b>	Mother's Name: MANISHA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: पवार विशाखा राजेंद्र

Address: E -10, Room No 9, S.G.BARVE NAGAR, BHATWADI GHATKOPAR (WEST),

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.: 25101619 Mobile no: 917045571726 Email : vishakhapawar099@gmail.com

DOB: Sep 02, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236019 (Status: Pass)

Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**  
Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

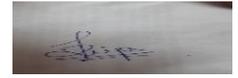
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400841215	Eligibility Status: Eligible	Examination form No.: 029296 	Division/Section: E	Roll No.: 482
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAVLA RIYA NILESH</b>	Mother's Name: ELA	Gender: Female
--	--------------------	----------------

Name in Vernacular Language: रिया

Address: B-34 Gala Nagar Nahur Road Mulund West

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080

Telephone no.: 25685798	Mobile no: 918286848484	Email : Elsavla44@gmail.com
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DOB: Jan 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236078 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400841223	Eligibility Status: Eligible	Examination form No.: 029297 	Division/Section: E	Roll No.: 578	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PILLAY PRACHI MAHENDRAKUMAR</b>	Mother's Name: USHA	Gender: Female
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Name in Vernacular Language: PRACHI MAHENDRAKUMAR PILLAY
--

Address: A-24 ,VINAYGURU CHSL GURUMANDIR ROAD SARASWAT COLONY
---

City: Mumbai , Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
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Telephone no.:	Mobile no: 919321688179	Email : 12prachimpillay@gmail.com
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DOB: Jan 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236309 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400841277	Eligibility Status: Eligible	Examination form No.: 029298 	Division/Section: B	Roll No.: 151
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHULE PURVA UTTAM</b>	Mother's Name: POOJA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: खुले पूर्वा उत्तम
--

Address: B/603, TULSI RAI VIHAR BHOIRWADI M.P. ROAD
---

City: DOMBIVLI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 421202
---

Telephone no.:	Mobile no: 918879381811	Email : purvakhule@gmail.com
----------------	-------------------------	------------------------------

DOB: Jan 11, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236282 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

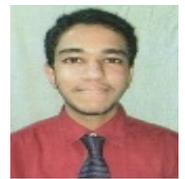
<http://mum.digitaluniversity.ac/>

S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400841304	Eligibility Status: Eligible	Examination form No.: 029299 	Division/Section: F	Roll No.: 644	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: JAIN SHUBHAM PRAVIN	Mother's Name: SEEMA	Gender: Male
-------------------------------------	----------------------	--------------

Name in Vernacular Language: जैन शुभम प्रवीण
--

Address: E/5, N.C.H.Colony KanjurMarg West
--

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078
---

Telephone no.:	Mobile no: 919920770129	Email : shubhampjain17@gmail.com
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DOB: Sep 17, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235820 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400841335	Eligibility Status: Eligible	Examination form No.: 029300 	Division/Section: E	Roll No.: 550
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR MANAN SANJAY</b>	Mother's Name: VISHAKHA	Gender: Female
---	-------------------------	----------------

Name in Vernacular Language: मन्नं संजय thakkar

Address: 10, guru kripa coop hsg, malbar hill road, mulund colony, mulund (w) 1

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400082

Telephone no.:	Mobile no: 918879918767	Email : tmanan99@gmail.com
----------------	-------------------------	----------------------------

DOB: Nov 29, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236196 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400841397	Eligibility Status: Eligible	Examination form No.: 029301 	Division/Section: E	Roll No.: 536
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>SONI PRIYANKA RAJKUMAR</b>	Mother's Name: SAROJ	Gender: Female
Name in Vernacular Language: सोनी प्रियांका राजकुमार		
Address: 103/A, lambodhar niwas, mumbra-devi colony, diva dativali road behind warekar school		
City: DIVA, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612		
Telephone no.:	Mobile no: 918652268108	Email : soniashish035@gmail.com
DOB: Nov 05, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236176 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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*Salekar*

PRN: 2017016400841401	Eligibility Status: Eligible	Examination form No.: 029302 	Division/Section: E	Roll No.: 475
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>SALEKAR URMILA PANDURANG</b>	Mother's Name: CHANDA	Gender: Female
Name in Vernacular Language: marathi		
Address: JAI BHAVANI JAGRUTI SOCIETY JAI MALHAR NAGAR GOLIBAR ROAD GHATKOPAR (W) MUMBAI		
City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 917045846135	Email : dtechacademy@gmail.com
DOB: Mar 17, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236062 (Status: Pass)
Exam form appearance type: Fresher		

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	Student's Signature

**Declaration by Principal/HOD/Chairperson**

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400841416	Eligibility Status: Eligible	Examination form No.: 029303 	Division/Section: D	Roll No.: 418
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL ROSHNI MANOJ</b>	Mother's Name: JAVER	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: पटेल रोशनी मनोज

Address: b 204 shri pooja chs pooja complex waghbil g b rd thane w

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601

Telephone no.: Mobile no: 917045861066 Email : sejalpatel.sp.sp@gmail.com

DOB: Jan 01, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235994 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

**Payment Details:** Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**  
Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016400841432	Eligibility Status: Eligible	Examination form No.: 029304 	Division/Section: C	Roll No.: 260	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DEVADIGA APEKSHA ANAND</b>	Mother's Name: PREMA	Gender: Female
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Name in Vernacular Language: देवाडिगा अपेक्षा आनंद
--

Address: ROOM NO 2 MUNSHI CHAWL KAJUPADA PIPELINE KURLA WEST
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072
---

Telephone no.:	Mobile no: 919082019854	Email : apekshadevadiga11@gmail.com
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DOB: Aug 11, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235704 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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*Handwritten signature*

PRN: 2017016400841447	Eligibility Status: Eligible	Examination form No.: 029305 	Division/Section: C	Roll No.: 238
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHATTERJI POOJA ANIL</b>	Mother's Name: SANGEETA	Gender: Female
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Name in Vernacular Language: चट्टेरीजी पूजा अनिल

Address: 237/3252, GROUP NO.1 TAGORE NAGAR

City: VIKHROLI EAST, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083

Telephone no.:	Mobile no: 919920408798	Email : pjchatterji123@gmail.com
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DOB: Sep 11, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235662 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Prugale*

PRN: 2017016400841463	Eligibility Status: Eligible	Examination form No.: 029306 	Division/Section: F	Roll No.: 751
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>UGALE PRACHITI VAINAYAK</b>	Mother's Name: SUJATA	Gender: Female
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Name in Vernacular Language: उगले प्रचिती विनायक

Address: HAJI ALI CHAWL NO 4 R.NO 16 BHATWADI GHATKOPAR WEST MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 919004796328	Email : aditya.chawde0188@gmail.com
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DOB: Sep 23, 1998	Category: Reserved (NT-3 (NT-D))	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236210 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400841471	Eligibility Status: Eligible	Examination form No.: 029307 	Division/Section: F	Roll No.: 765
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH SANA MOHD SAJIM</b>	Mother's Name: SAIRA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: शेख सना मोहद सजिम

Address: ROOM NO 11, CHAWL NO 2, BISMILLAH SOCIETY, HALAV POOL, KURLA(WEST)

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 917039355849	Email : SANA.SHAIKH9904@GMAIL.COM
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DOB: Jul 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236129 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400841494	Eligibility Status: Eligible	Examination form No.: 029308 	Division/Section: C	Roll No.: 204	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ALEX BRYNA BLAISE</b>	Mother's Name: MARY	Gender: Female
--	---------------------	----------------

Name in Vernacular Language: bryna
------------------------------------

Address: G B ALEX CHAWL , ROOM NO 1, BEHIND MUNICIPAL DISPENSARY KIROL, VIDYAVIHAR-WEST
---

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086
--

Telephone no.:	Mobile no: 919702237979	Email : brynaalex2912@gmail.com
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DOB: Nov 12, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235601 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400841521	Eligibility Status: Eligible	Examination form No.: 029309 	Division/Section: D	Roll No.: 429
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PAWAR RISHIKESH JITENDRA</b>	Mother's Name: JOSANA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: पवार ऋषिकेश जितेंद्र

Address: ROOM NO 7 PYARIBAI RAJARAM SINGH CHAWL BHATWADI NR SAMAJ KALYAN HALL

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 919833412261	Email : RISHIKESHPAWAR22@GMAIL.COM
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DOB: Jun 22, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236014 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*A. Fulwade*

PRN: 2017016400841536	Eligibility Status: Eligible	Examination form No.: 029310 	Division/Section: F	Roll No.: 619
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>FULWADE AKSHAY MURLIDHAR</b>	Mother's Name: SHARDA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: फुलवाडे अक्षय मुरलीधर

Address: Room NO-E-372 3/6, Sane Guruji Chowk, Himgiri Hsg Soc., Anandgadh, Park Site, Vikhroli West, Mumbai, Maharashtra-400079

City: MUMBAI, Taluka: Junnar, District: Pune, State: Maharashtra, PIN: 400079

Telephone no.:	Mobile no: 918652359559	Email : akshay.fulwade98@gmail.com
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DOB: Nov 02, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235725 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400841552	Eligibility Status: Eligible	Examination form No.: 029311 	Division/Section: B	Roll No.: 189
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GUDHKA KEVIN PANKAJ</b>	Mother's Name: SAROJ	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: गूढका केविन पंकज

Address: ISHWAR BHAVAN ; ROOM NO 3; PLOT NO 183/A 1ST FLOOR SION (EAST) BEHIND PVR MUMBAI 400022

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400022

Telephone no.: 24097061	Mobile no: 919969263943	Email : gudhkakevin67@gmail.com
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DOB: Dec 06, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235768 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2017016400841567	Eligibility Status: Eligible	Examination form No.: 029312 	Division/Section: F	Roll No.: 757	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ZAPDEKAR MOHAMMED FAIZ</b>	Mother's Name: FARHANA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: झापडेकर मोहम्मद फैझ
--

Address: PARVEZ APT, ROOM NO 18, ALMAS COLONY, KAUSA, MUMBRA, THANE.
--

City: MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612
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Telephone no.:	Mobile no: 919833326680	Email : zap.faiz12@gmail.com
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DOB: Apr 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236338 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Signature*

PRN: 2017016400841602	Eligibility Status: Eligible	Examination form No.: 029313 	Division/Section: F	Roll No.: 608
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHANDANSHIVE MANALI PRAMOD</b>	Mother's Name: SUNANDA	Gender: Female
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Name in Vernacular Language: MANALI

Address: ROOM NO 1788, CHAWL NO 59, GROUP NO 7 TAGORE NAGAR VIKHROLI (E)

City: VIKHROLI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083

Telephone no.: Mobile no: 919702895487 Email : manalichandanshive1521@gmail.com

DOB: Jan 15, 2000 Category: Reserved (SC) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235658 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees

Mark Statement Fee Total:

**Payment Details:** Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**

Date:

Student's Signature

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:

Date:

College Staff Signature

Seal and Signature of  
Principal/HOD/Chairperson



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*Raj*

PRN: 2017016400841625	Eligibility Status: Eligible	Examination form No.: 029314 	Division/Section: A	Roll No.: 88
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: <b>SAKPAL RAJ RAMDAS</b>	Mother's Name: ROSHNI	Gender: Male
Name in Vernacular Language: राज		
Address: Near Tiger Apartment Near Sarvodaya Jai Santoshi Mata Vikas Mandal Goibar Road Ghat (w)		
City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 917039828088	Email : ramdassakpal75@gmail.com
DOB: Feb 21, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236315 (Status: Pass)
Exam form appearance type: Fresher		

<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )			
SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400841641	Eligibility Status: Eligible	Examination form No.: 029315 	Division/Section: E	Roll No.: 463	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RANDIVE RUNALI SHANKAR</b>	Mother's Name: KANCHAN	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: runali
-------------------------------------

Address: 605/B, Eagle co. op. soc. Yashwant Sheth Jadhav road Ghatkopar (East), Mumbai:400077
---

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400077
--

Telephone no.:	Mobile no: 918693871865	Email : runalirandive0310@gmail.com
----------------	-------------------------	-------------------------------------

DOB: Oct 31, 1998	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236046 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400841656	Eligibility Status: Eligible	Examination form No.: 029316 	Division/Section: F	Roll No.: 663	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHIMSARIA JAY MAHENDRA</b>	Mother's Name: DHANVANTI	Gender: Male
---	--------------------------	--------------

Name in Vernacular Language: <b>ખીમસરીયા જય મહેન્દ્ર</b>
--

Address: A/203, KAMROL APARTMENT D.N.C ROAD
---

City: DOMBIVALI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
---

Telephone no.:	Mobile no: 919833823502	Email : jay.jk213@gmail.com
----------------	-------------------------	-----------------------------

DOB: Apr 27, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235879 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400841672	Eligibility Status: Eligible	Examination form No.: 029317 	Division/Section: A	Roll No.: 5
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ANSARI IRFAN ABDULLAH</b>	Mother's Name: SAIRA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: अन्सारी इरफान ABDULLAH

Address: ROOM NO. 25 ,JAI GURUDEV CHAWL NO.2 GAUTAM NAGAR SAKI VIHAR ROAD

City: MUMBAI, Taluka: Andheri, District: Mumbai Suburban, State: Maharashtra, PIN: 400087

Telephone no.:	Mobile no: 918898909906	Email : ANSARIIRFAN2025@GMAIL.COM
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DOB: Jan 25, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235607 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ;Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400841695	Eligibility Status: Eligible	Examination form No.: 029318 	Division/Section: C	Roll No.: 280
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GALA KRUSHALI ASHWIN</b>	Mother's Name: CHETNA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: गॅलशाळी GALA

Address: 402, NAKODA BHAIRAV BLDG DEVIDAS ROAD KHARKAR ALI

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601

Telephone no.: Mobile no: 917715832531 Email : krushaligala@gmail.com

DOB: Feb 16, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235734 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Manaswini*

PRN: 2017016400841706	Eligibility Status: Eligible	Examination form No.: 029319 	Division/Section: F	Roll No.: 669
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>MAHANTA MANASWINI RAVINDRA</b>	Mother's Name: JYOTSNA	Gender: Female
Name in Vernacular Language: manaswini		
Address: 502- SWAMI CHINTAMANI APT. GANDHI CHOWK BAZAR PETH		
City: KALYAN, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421301		
Telephone no.:	Mobile no: 917738412110	Email : manaswinimahanta.mm@gmail.com
DOB: Aug 12, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)		Exam Event: Apr-2019
		Seat No: 0235897 (Status: ATKT)
Exam form appearance type: Fresher		

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	Student's Signature

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400841714	Eligibility Status: Eligible	Examination form No.: 029320 	Division/Section: D	Roll No.: 363	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KIBE SANIKA ANAND</b>	Mother's Name: ANISHA	Gender: Female
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Name in Vernacular Language: SANIKA
-------------------------------------

Address: B/302 SIDDHIVINAYAK RESIDENCY CHS GHODBUNDER ROAD BEHIND BANK OF MAHARASHTRA OVALA THANE WEST
--

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400615
--

Telephone no.:	Mobile no: 919920694594	Email : sanukibe@gmail.com
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DOB: Jun 19, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235882 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*S. Somaiya*

PRN: 2017016400841761	Eligibility Status: Eligible	Examination form No.: 029321 	Division/Section: B	Roll No.: 155
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MAGAR SHUBHAM SAMBHAJI</b>	Mother's Name: SUJATA	Gender: Male
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Name in Vernacular Language: मगर शुभम संभाजी
--

Address: RM NO-13, BLDG NO-7, OM KRANTI HSG SOCIETY, MHADA COLONY, R C ROAD
---

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400074
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Telephone no.:	Mobile no: 918097912753	Email : shubhammagar69@gmail.com
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DOB: May 17, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235895 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400841776	Eligibility Status: Eligible	Examination form No.: 029322 	Division/Section: A	Roll No.: 107	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TRIVEDI MANSI DEEPAK</b>	Mother's Name: AARTI	Gender: Female
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Name in Vernacular Language: त्रिवेदी मानसी दीपक

Address: A-18 Ragupati apartment tambe nagar, S.n. road Mulund (west)

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080

Telephone no.:	Mobile no: 919820588443	Email : mansitrivedi1999@yahoo.com
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DOB: Sep 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236208 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400841803	Eligibility Status: Eligible	Examination form No.: 029323 	Division/Section: C	Roll No.: 306	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>HANSORA JAY PRAFUL</b>	Mother's Name: JAYSHREEBEN	Gender: Male
---	----------------------------	--------------

Name in Vernacular Language: हंसोर जय प्रफुल
--

Address: ROOM NO.13, ROHIDAS MHATRE BUILDING AYRE ROAD,
---

City: DOMBIVLI EAST, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
---

Telephone no.:	Mobile no: 917045732962	Email : jayhansora2@gmail.com
----------------	-------------------------	-------------------------------

DOB: Mar 04, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235786 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400841826	Eligibility Status: Eligible	Examination form No.: 029324 	Division/Section: C	Roll No.: 293
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GOPALE POONAM SHIVAJI</b>	Mother's Name: SHUBHANGI	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: पूनम

Address: JAI BHAVANI JAGRUTI SOC., JAI MALAHAR NAGAR, GOLIBAR ROAD, GHATKOPAR (W), MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919969176238	Email : sonalkubal1999@gmail.com
----------------	-------------------------	----------------------------------

DOB: Apr 18, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235759 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Shivani

PRN: 2017016400841834	Eligibility Status: Eligible	Examination form No.: 029325 	Division/Section: A	Roll No.: 23
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHAVAN SHIVANI SANDEEP</b>	Mother's Name: SANJANA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: marathi
--------------------------------------

Address: 304 kulsuwmini arcade, reti bander cross road umesh nagar dombivali west
---

City: DOMBIVALI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202
---

Telephone no.:	Mobile no: 919930265998	Email : shivanisandipchavan@gmail.com
----------------	-------------------------	---------------------------------------

DOB: Jun 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236259 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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*A. Pawar*

PRN: 2017016400841865	Eligibility Status: Eligible	Examination form No.: 029326 	Division/Section: A	Roll No.: 79
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>PAWAR AARTI PANDURANG</b>	Mother's Name: SUNITA	Gender: Female
Name in Vernacular Language: AARTI		
Address: NEAR GANESH MANDIR, ROOM NO 2 TIWARI CHAWL NO2 GANGAWADI 2		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 919819582816	Email : AARTIPAWAR129@GMAIL.COM
DOB: Sep 12, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236008 (Status: Pass)
Exam form appearance type: Fresher		

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

**Declaration by Principal/HOD/Chairperson**

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2017016400841873	Eligibility Status: Eligible	Examination form No.: 029327 	Division/Section: A	Roll No.: 76	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL RIYA BHAVAN</b>	Mother's Name: SHANTIBEN	Gender: Female
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Name in Vernacular Language: रिया

Address: ALTAF NAGAR, GOLIBAR ROAD, GHATKOPAR ROAD, GHATKOPAR (W), MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.: Mobile no: 919004093281 Email : riya74779@gmail.com

DOB: Oct 10, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235993 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400841915	Eligibility Status: Eligible	Examination form No.: 029328 	Division/Section: D	Roll No.: 399
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANCHAL AJAY JAYESH</b>	Mother's Name: BHAVANA	Gender: Male
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Name in Vernacular Language: अजय जयेश पांचाळ

Address: shree complex 3rd floor b-20 road no 16 kisan nagar no 3 thane maharashtra 400604

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604

Telephone no.:	Mobile no: 918652440773	Email : ap0160839@gmail.com
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DOB: Jun 10, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235954 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2017016400841923	Eligibility Status: Eligible	Examination form No.: 029329 	Division/Section: C	Roll No.: 243	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHAVAN PRIYANKA DHANAJI</b>	Mother's Name: REKHA	Gender: Female
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Name in Vernacular Language: चव्हाण प्रियांका धनाजी

Address: 4/5 HANUMAN COLONY, GANESH MARG, HARIYALI VILLAGE, VIKHROLI (EAST)

City: VIKHROLI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083

Telephone no.:	Mobile no: 918419958860	Email : pchavan2510@gmail.com
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DOB: Oct 25, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235672 (Status: Pass)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400841946	Eligibility Status: Eligible	Examination form No.: 029330 	Division/Section: E	Roll No.: 462	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RANDHAVA KAMALJEETKAUR JOGASINGH</b>	Mother's Name: SIMRANKAUR	Gender: Female
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Name in Vernacular Language: रंधावा कमलजीत कौर जोगासिंह

Address: R-1, NEW AMAR BHARAT SEVA MANDAL MOHITE CHAWL, SAINATH NAGAR ROAD GHATKOPAR WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 918452071422	Email : KAMALJEETKAUR1028@GMAIL.COM
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DOB: Oct 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236045 (Status: ATKT)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400841954	Eligibility Status: Eligible	Examination form No.: 029331 	Division/Section: F	Roll No.: 709
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: SAHU ARCHANA SUDARSHAN	Mother's Name: SUMATI	Gender: Female
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Name in Vernacular Language: साहू अर्चना सुदर्शन

Address: B 102 SAI GANESH PARK TEJPAL NAGAR NETIWALI NAKA KALYAN EAST

City: KALYAN, Taluka: , District: Thane, State: Maharashtra, PIN: 421306

Telephone no.:	Mobile no: 919769857813	Email : archie050120@gmail.com
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DOB: Jan 05, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236056 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400842041	Eligibility Status: Eligible	Examination form No.: 029332 	Division/Section: F	Roll No.: 673	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MANDHOTRA HRITHIK ANILKUMAR</b>	Mother's Name: USHA	Gender: Male
--	---------------------	--------------

Name in Vernacular Language: मंडहोत्रा रितिक अनिलकुमार

Address: BLOCK NO. 120/111, HINDUSTAN CHOWK, MULUND(WEST) COLONY, MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400082

Telephone no.: 25608923	Mobile no: 919867139472	Email : HRITHIKMANDHOTRA2.HM@GMAIL.COM
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DOB: Dec 02, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235905 (Status: Pass)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. MARU

PRN: 2017016400842056	Eligibility Status: Eligible	Examination form No.: 029333 	Division/Section: F	Roll No.: 674
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: <b>MARU SADHANA KHIMJI</b>	Mother's Name: VANITABEN	Gender: Female
Name in Vernacular Language: मारू साधना खिमजी		
Address: B 22 NAGDEVTA APT NEAR DON BOSCO SCHOOL GAON DEVI GUPTA ROAD		
City: DOMBIVALI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202		
Telephone no.:	Mobile no: 918828077794	Email : nipul.maru62@gmail.com
DOB: Mar 05, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235909 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, The Controller of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

**Declaration by Principal/HOD/Chairperson**

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400842064	Eligibility Status: Provisional	Examination form No.: 029334 	Division/Section: D	Roll No.: 417
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL RINKAL NARAYAN DANA</b>	Mother's Name: MANJULA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: rinkal
-------------------------------------

Address: b204 shri pooja chs. waghbil ghodbundar road thane west
--

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 917206609304	Email : rinkal2912@gmail.com
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DOB: Dec 29, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235992 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Sunoyna*

PRN: 2017016400842072	Eligibility Status: Eligible	Examination form No.: 029335 	Division/Section: A	Roll No.: 87
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: ROY SUNOYNA SUJAN	Mother's Name: SUVARNA	Gender: Female
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Name in Vernacular Language: सुनोयना
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Address: 205 Magadh Neelkanth Kingdom Behind Bus Depot
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City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 919969252442	Email : sunoynaroy18@gmail.com
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DOB: Jun 18, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236052 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400842087	Eligibility Status: Eligible	Examination form No.: 029336 	Division/Section: A	Roll No.: 83	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: QURESHI NIMSHA MD ANIS	Mother's Name: ZULEKHA	Gender: Female
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Name in Vernacular Language: कुरेशी निमशा मोहद अनिस

Address: ROOM NO 29 TARDEO CHAWL HILL NO 2 NARAYAN NAGAR GHATKOPAR (W)

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 917039325673	Email : QURESHINIMSHA1122@GMAIL.COM
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DOB: Sep 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236310 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Sanjana Pawar*

PRN: 2017016400842095	Eligibility Status: Eligible	Examination form No.: 029337 	Division/Section: D	Roll No.: 430
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PAWAR SANJANA SUDHIR</b>	Mother's Name: SUCHITA	Gender: Female
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Name in Vernacular Language: MARATHI

Address: B/7, SHREE GURUDATTA SAHAJIVAN SOCIETY, SHINGAREWADI, BAILBAZAR KURLA (W), MUMBAI

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 919702357541	Email : sanjanapawar254@gmail.com
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DOB: Aug 04, 1999	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236015 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

### To, The Controller of Examination,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**

Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400842106	Eligibility Status: Eligible	Examination form No.: 029338 	Division/Section: F	Roll No.: 734	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHEJWAL APURVA AVINASH</b>	Mother's Name: SUNITA	Gender: Female
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Name in Vernacular Language:apurva
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Address: room no.5 dulhanbai chawl hariyali village
---

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083
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Telephone no.:	Mobile no: 919867555477	Email : apps786@gmail.com
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DOB: Feb 02, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236138 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Dhwani

PRN: 2017016400842122	Eligibility Status: Eligible	Examination form No.: 029339 	Division/Section: C	Roll No.: 263
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DHOLU DHWANI MUKESH</b>	Mother's Name: JAYSHREE	Gender: Female
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Name in Vernacular Language: ढोलू धवनी मुकेश

Address: OPP NAVAL DEPOT, ROOM NO.4, SAWANT WADI CHAWL NO.1, CHIRAG NAGAR, GHATKOPAR (WEST) MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919819774052	Email : dhwanidholu57@gmail.com
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DOB: Jun 18, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235710 (Status: Pass)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400842203	Eligibility Status: Eligible	Examination form No.: 029340 	Division/Section: B	Roll No.: 169	
Instruction Medium:			Nationality: India		

### Student's Personal Information

Student's Name: <b>WABHLE MADHURA SUDHIR</b>	Mother's Name: SMITA	Gender: Female
Name in Vernacular Language: madhura		
Address: 1/2,Ramjas Chawl, Farid Nagar, Bhandup(W), Mumbai-400078 1/2,Ramjas Chawl, Farid Nagar, Bhandup(W), Mumbai-400078 1/2,Ramjas Chawl, Farid Nagar, Bhandup(W), Mumbai-400078		
City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078		
Telephone no.: 25943881	Mobile no: 918433687565	Email : madhurawabhle@gmail.com
DOB: Sep 08, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)		Exam Event: Apr-2019
Seat No: 0236230 (Status: Pass)		
Exam form appearance type: Fresher		

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
Bank:		

Center Preference (Code/Name):
Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

**Declaration by Principal/HOD/Chairperson**

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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*Shivam*

PRN: 2017016400842211	Eligibility Status: Eligible	Examination form No.: 029341 	Division/Section: A	Roll No.: 115
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>WAKADE SHIVAM VIKAS</b>	Mother's Name: SUNITA	Gender: Male
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Name in Vernacular Language: वाकडे शिवम विकास

Address: R N 1, 151 JAITUNBAI CHAWL MATCH FACTORY LANE KURLA WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 918082074289	Email : shivamwakade@gmail.com
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DOB: May 21, 1999	Category: Reserved (SBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236235 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400842226	Eligibility Status: Eligible	Examination form No.: 029342 	Division/Section: F	Roll No.: 678	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MORE SMIT MANGESH</b>	Mother's Name: MAMTA	Gender: Male
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Name in Vernacular Language: मोरे स्मित मंगेश

Address: 28,shivdarshan society,pareira wadi, sakinaka,mohali village,andheri (east), mumbai-72

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072

Telephone no.: Mobile no: 919930896882 Email : smitmore72@gmail.com

DOB: Nov 06, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236295 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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Jagruti

PRN: 2017016400842242	Eligibility Status: Eligible	Examination form No.: 029343 	Division/Section: D	Roll No.: 389
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NAKAR JAGRUTI PRAFFUL</b>	Mother's Name: DHARMISHTA	Gender: Female
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Name in Vernacular Language: नकार जागृती प्रफुल
---

Address: B 26 VRAJ VILLA BLDG AMRUT NAGAR , GHATKOPAR WEST
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086
---

Telephone no.:	Mobile no: 917977574462	Email : JAGRUTIRAJGOR20@GMAIL.COM
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DOB: Jan 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235936 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*P. Kamat*

PRN: 2017016400842265	Eligibility Status: Eligible	Examination form No.: 029344 	Division/Section: D	Roll No.: 349
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>KAMAT PAWAN PANDURNG</b>	Mother's Name: PALLAVI	Gender: Male
Name in Vernacular Language: कामात पवन पांडुरंग		
Address: 04, shivram chawal near santoshi mata temple shivaji nagar, 2nd Rabodi, thane west		
City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601		
Telephone no.:	Mobile no: 919987515369	Email : rani081993@gmail.com
DOB: May 18, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235844 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400842273	Eligibility Status: Eligible	Examination form No.: 029345 	Division/Section: D	Roll No.: 368	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KULKARNI MAYURI HEMANT</b>	Mother's Name: ANJALI	Gender: Female
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Name in Vernacular Language: कुलकर्णी मयुरी हेमंत
---

Address: ROOM NO 203 NAKSHTRA ANURADHA DEVI CHOWK SHASTRI NAGAR
---

City: DOMBIVLI WEST, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202
---

Telephone no.:	Mobile no: 919930604913	Email : hmkulkarni94@gmail.com
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DOB: Oct 14, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236285 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2017016400842323	Eligibility Status: Eligible	Examination form No.: 029346 	Division/Section: F	Roll No.: 718
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SEMVAL SAMIKSHA KAILASH</b>	Mother's Name: HEMLATA	Gender: Female
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Name in Vernacular Language: सेमवाल समीक्षा कैलास
---

Address: A 303 SHRUSHTI CHS THANE KOLBAD ROAD KOLBAD
--

City: THANE WEST, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 917506546877	Email : samiksha1611999@gmail.com
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DOB: Nov 16, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236091 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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	Date:

Student's Signature

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Date:		