



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: 2017016400842331	Eligibility Status: Eligible	Examination form No.: 029347 	Division/Section: D	Roll No.: 388
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NAIR SURAJ HARI	Mother's Name: RANJINI	Gender: Male
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Name in Vernacular Language: നായർ സുരാജ് ഹരി

Address: 12/2, SIDDHARTH CHAWL KAJUPADA-PIPELINE

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

Telephone no.: Mobile no: 918425913492 Email : surajnair_1999@rediffmail.com

DOB: Nov 20, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235935 (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

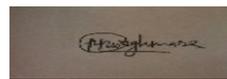
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S. K. Somaiya College of Arts, Science and Commerce (540)

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

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PRN: 2017016400842377	Eligibility Status: Eligible	Examination form No.: 029348 	Division/Section: A	Roll No.: 112	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: WAGHMARE PRAJAKTA PRAKASH	Mother's Name: PRATIBHA	Gender: Female
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Name in Vernacular Language: PRAJAKTA

Address: A 402, APOLLO PRIDE ENCLAVE BLDG NR BHARAT SAHAKARI BANK VISHNU NAGAR , NAUPADA THANE WEST

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400602

Telephone no.: 25301555	Mobile no: 917506833905	Email : waghmarepraju22@gmail.com
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DOB: Nov 22, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236336 (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):

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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S. Sainaik

PRN: 2017016400842393	Eligibility Status: Eligible	Examination form No.: 029349 	Division/Section: E	Roll No.: 566
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VISLAVATH SAIPRASADNAIK SUBBANAIK	Mother's Name: SAROJABAI	Gender: Male
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Name in Vernacular Language: विसळावात साईप्रसादनाईक सुब्बानाईक

Address: ROOM NO:-26, chawl no:- 1, MAGITH GALLI, KAMRAJ NAGAR, GHATKOPAR(E), MUM-400077. ROOM NO:-26, chawl no:- 1, MAGITH GALLI, KAMRAJ NAGAR, GHATKOPAR(E), MUM-400077.

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

Telephone no.:	Mobile no: 918433791270	Email : sainaik1466@gmail.com
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DOB: Jan 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: 0236227 (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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	<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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N. M. Chavan

PRN: 2017016400842435	Eligibility Status: Eligible	Examination form No.: 029350 	Division/Section: A	Roll No.: 22
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: CHAVAN NITIN MAHADEV	Mother's Name: MANISHA	Gender: Male
Name in Vernacular Language: चव्हाण नितीन महादेव		
Address: SAIRAJA SOCIETY RAM NAGAR (B) GHATKOPAR (W)		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 919167090321	Email : nitin34chavan@gmail.com
DOB: Mar 24, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235670 (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):

<p>To, The Controller of Examination,</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: 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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K. Jaiswal

PRN: 2017016400842451	Eligibility Status: Eligible	Examination form No.: 029351 	Division/Section: E	Roll No.: 590
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAISWAL KINJAL CHANDRABHAN	Mother's Name: REETA	Gender: Female
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Name in Vernacular Language: जैस्वाल किंजल चंद्रभान

Address: c wing ROOM NO 305 LAXMAN NAGAR KARM GEETA SOC. NEAR RAJAWADI HOSP.

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

Telephone no.:	Mobile no: 918828208129	Email : satishisame25@gmail.com
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DOB: Jan 17, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235824 (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):

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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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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H.Y. Dedhia

PRN: 2017016400842474	Eligibility Status: Eligible	Examination form No.: 029352 	Division/Section: A	Roll No.: 30
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: DEDHIA HELISHA YATIN	Mother's Name: BEENA	Gender: Female
Name in Vernacular Language: HELISHA		
Address: 7/41, GURUDARSHAN, JAGDUSHA NAGAR GHATKOPAR [WEST] MUMBAI-400086		
City: GHATKOPAR, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 918828081829	Email : helishayatindedhia@gmail.com
DOB: Oct 03, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235699 (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:		

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

<p>To, The Controller of Examination,</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: Vidyavihar</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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Dayani

PRN: 2017016400842497	Eligibility Status: Eligible	Examination form No.: 029353 	Division/Section: F	Roll No.: 615
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DAYANI KIRAN GHANSHYAM	Mother's Name: MAMTA	Gender: Female
----------------------------------------	----------------------	----------------

Name in Vernacular Language: दयनिय किरण घ्यानशैम

Address: 1/13,SHRINGAR SOCEITY, VALIPEER ROAD BAIL BAZAR

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

Telephone no.: 2325033	Mobile no: 918424979403	Email : dayanik88@gmail.com
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DOB: Jan 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: 0235698 (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):

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	Date:

Declaration by Principal/HOD/Chairperson

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PRN: 2017016400842501	Eligibility Status: Eligible	Examination form No.: 029354 	Division/Section: F	Roll No.: 763	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH SHAHIN MOHAMMED INTEKHAB	Mother's Name: RAFIYA BEGUM	Gender: Female
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Name in Vernacular Language: शेख शाहीन मोहम्मद ईटखाब

Address: Room No. 8/A Ashiyana Housing Society Tilak Nagar Link Road Sakinaka

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

Telephone no.:	Mobile no: 918828351376	Email : shaikhnagma050@gmail.com
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DOB: Mar 24, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415971 (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 []
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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):

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	Date:
Student's Signature	

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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: 2017016400842524	Eligibility Status: Eligible	Examination form No.: 029355 	Division/Section: C	Roll No.: 245	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAVAN SHIVANI SITARAM	Mother's Name: SIDDHI	Gender: Female
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Name in Vernacular Language: शिवानी चव्हाण

Address: 3/54 Tata Colony Navghar Road Mulund (east)

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400081

Telephone no.:	Mobile no: 919833981924	Email : shivanichavan0922@gmail.com
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DOB: Dec 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: 0235674 (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):

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: 2017016400842555	Eligibility Status: Eligible	Examination form No.: 029356 	Division/Section: F	Roll No.: 725	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH SAPNA KALPESH	Mother's Name: CHARULATA	Gender: Female
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Name in Vernacular Language: शिल्प सपना कल्पेश

Address: 31, TIRUPATI APARTMENT PANDURANG WADI, MANPADA ROAD,

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

Telephone no.:	Mobile no: 919619736728	Email : shah.sapna1101@gmail.com
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DOB: Jan 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236112 (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):

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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PRN: 2017016400842563	Eligibility Status: Eligible	Examination form No.: 029357 	Division/Section: E	Roll No.: 465
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RATHOD NEHA MADHU	Mother's Name: JAYSHREE	Gender: Female
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Name in Vernacular Language: राठोड नेहा मधू

Address: RM NO-21, KHIMAJI POOJA CHAWL, BHARAT COAL COMPOUND, BAIL BAZAR, KURLA WEST,

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

Telephone no.:	Mobile no: 919967761471	Email : nikhilrathod176@gmail.com
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DOB: Jul 24, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236048 (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):

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: 2017016400842571	Eligibility Status: Eligible	Examination form No.: 029358 	Division/Section: C	Roll No.: 269
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: DOLIYA KAJAL RAMLAL	Mother's Name: TARADEVI	Gender: Female
Name in Vernacular Language:HINDI		
Address: BEHIND SAMAJ MANDIR HALL; 80/109 SAI BABA NAGAR ,SHELL COLONY CHEMBUR MUMBAI		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400071		
Telephone no.:	Mobile no: 919167494710	Email : priyankasingh9833@gmail.com
DOB: Mar 15, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235717 (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):

<p>To, The Controller of Examination,</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: Vidyavihar</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:		



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PRN: 2017016400842586	Eligibility Status: Eligible	Examination form No.: 029359 	Division/Section: E	Roll No.: 573	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: YADAV RAJESH KUMAR RAMRAJ	Mother's Name: RAJKUMARI	Gender: Male
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Name in Vernacular Language: यादव राजेश कुमार रामराज

Address: RAHAMTULLAH CHAWL, ROOM NO-3 SHANTINIKETAN C.H.S ,ANANDGAD PARKSITE,VIKHHOLI (W)

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

Telephone no.:	Mobile no: 919619398194	Email : yr789011@gmail.com
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DOB: Oct 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: 0236240 (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):

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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Shelke

PRN: 2017016400842605	Eligibility Status: Eligible	Examination form No.: 029360 	Division/Section: F	Roll No.: 736
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHELKE AAKANKSHA MANOJ POORNIMA	Mother's Name: POORNIMA	Gender: Female
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Name in Vernacular Language: आकांक्षा शेळके

Address: A/203 Regal Building C.S.T.Road Buddha Colony Kurla (W) MUM-400070

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

Telephone no.:	Mobile no: 917045751395	Email : aakankshashelke04@gamil.com
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DOB: Mar 04, 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: 0236142 (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: 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: 2017016400842621	Eligibility Status: Eligible	Examination form No.: 029361 	Division/Section: E	Roll No.: 500
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH VATSAL BHARAT	Mother's Name: VIMLA	Gender: Male
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Name in Vernacular Language: शिल्प वरसल वरत

Address: 11 KMS HOSTEL, JAIRAM KRISHNA SOCIETY DESHMUKHWADI, MITHAGHAR ROAD MULUND(E) , MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400081

Telephone no.:	Mobile no: 917666901032	Email : shahvatsal781@gmail.com
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DOB: Oct 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: 0236113 (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):

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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PRN: 2017016400842636	Eligibility Status: Eligible	Examination form No.: 029362 	Division/Section: C	Roll No.: 275	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GAIKWAD AAKANKSHA ASHOK	Mother's Name: VANDANA	Gender: Female
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Name in Vernacular Language: Aakanksha

Address: Abdul Karim Chawl Rajaram bane marg Laxmi baug Ghatkopar (East) Mumbai-400075

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

Telephone no.:	Mobile no: 919699284388	Email : aakankshagaikwad25@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: 0235728 (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

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



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PRN: 2017016400842652	Eligibility Status: Eligible	Examination form No.: 029363 	Division/Section: C	Roll No.: 277	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GAIKWAD MANISHA MALLIKARJUN	Mother's Name: ANNAPURNA	Gender: Female
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Name in Vernacular Language: गायकवाड मनीषा मल्लिकार्जुन

Address: ROOM NO 3 MOHAMMAD SHAIKH CHAWL GANESH NAGAR KAJU TEKADI BHANDUP W

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

Telephone no.:	Mobile no: 918450933292	Email : gaikwadmanisha14398@gmail.com
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DOB: Mar 14, 1998	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: 0235730 (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):

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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Chavan

PRN: 2017016400842667	Eligibility Status: Eligible	Examination form No.: 029364 	Division/Section: C	Roll No.: 241
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAVAN AKSHAY PRAKASH	Mother's Name: POORNIMA	Gender: Male
----------------------------------------------	-------------------------	--------------

Name in Vernacular Language: अक्षय प्रकाश चव्हाण

Address: Behind Bldg. No.10, Turde Wadi, Wadia Estate, Bail Bazar, Kurla(W), Mumbai-400070

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

Telephone no.: 69924897	Mobile no: 917039675068	Email : Akc6may@gmail.com
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DOB: May 06, 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: 0235668 (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):

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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Ashan

PRN: 2017016400842675	Eligibility Status: Eligible	Examination form No.: 029365 	Division/Section: D	Roll No.: 356
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN AAMINA BANO ISHTIYAQUE	Mother's Name: KANEEZA BANO	Gender: Female
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Name in Vernacular Language: खान आमीन बानो इशियाक

Address: room no 13 phathanabela rakhmuddin chawl

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

Telephone no.:	Mobile no: 919867641430	Email : ak8066627@gmail.com
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DOB: Mar 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: 0235864 (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):

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:		



University of Mumbai, Mumbai

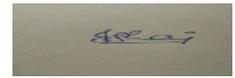
<http://mum.digitaluniversity.ac/>

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PRN: 2017016400842702	Eligibility Status: Eligible	Examination form No.: 029366 	Division/Section: D	Roll No.: 341	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: JOISHER ISHA PRAKASH	Mother's Name: REKHA	Gender: Female
Name in Vernacular Language: जुईशेर इशा प्रकाश		
Address: 101, 1st Floor, Vallabh Appartment, Joshi Lane, Ghatkopar East, Mumbai-400077		
City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077		
Telephone no.:	Mobile no: 919869917999	Email : ishapjoisher@gmail.com
DOB: Sep 29, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235834 (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: 2017016400842725	Eligibility Status: Eligible	Examination form No.: 029367 	Division/Section: F	Roll No.: 639	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JADHAV RITIKA	Mother's Name: SHAKUNTALA	Gender: Female
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Name in Vernacular Language: जाधव रितिका

Address: D/O PRAKASHA JADHAV ROOM NO 12 BHAGWAN SETH CHAWL BUDDHA COLONY C.S.T ROAD KURLA (WEST)

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

Telephone no.:	Mobile no: 918452013080	Email : ritikajadhav2618@gmail.com
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DOB: Jun 17, 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: 0235799 (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:		

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: 2017016400842772	Eligibility Status: Eligible	Examination form No.: 029368 	Division/Section: D	Roll No.: 333	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN REEVA SANJAY	Mother's Name: PRAVINA	Gender: Female
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Name in Vernacular Language:REEVA

Address: 4 adinath jain society 12 bangla behind state bank camp road

City: MALEGAON, Taluka: Malegaon, District: Nashik, State: Maharashtra, PIN: 423203

Telephone no.: 252410	Mobile no: 917066063364	Email : reevajain999@gmail.com
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DOB: Nov 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: 0235818 (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: 2017016400842814	Eligibility Status: Eligible	Examination form No.: 029369 	Division/Section: C	Roll No.: 225
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI MITESH DAYARAM	Mother's Name: PREMILA	Gender: Male
--------------------------------------------------	------------------------	--------------

Name in Vernacular Language: ભાનુશાલી મિતેષ દયારામ

Address: B/101, DAMA RESIDENCY, HARIDHAM GHANDHIWADI, UMERGAON(W)

City: UMERGAON, Taluka: Umergaon, District: Valsad, State: Gujarat, PIN: 396171

Telephone no.:	Mobile no: 919825956064	Email : miteshbhanu.2025@gmail.com
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DOB: Nov 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: 0235635 (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):

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:

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: 2017016400842861	Eligibility Status: Eligible	Examination form No.: 029370 	Division/Section: D	Roll No.: 357	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN ARSHEEN MOHAMMED FAROOQUE	Mother's Name: SHAGUFTA	Gender: Female
-------------------------------------------------------	-------------------------	----------------

Name in Vernacular Language: अरशी

Address: PLOT NO. 10/N/3 SHIVAJI NAGAR GOVANDI MUMBAI 400043

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400043

Telephone no.:	Mobile no: 917498741522	Email : KHANARSHEEN1830@GMAIL.COM
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DOB: May 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: 0235866 (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):

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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PRN: 2017016400842876	Eligibility Status: Eligible	Examination form No.: 029371 	Division/Section: A	Roll No.: 72	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANSARE SHRADDHA DNYANDEO	Mother's Name: PUSHPALATA	Gender: Female
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Name in Vernacular Language: पानसरे श्रद्धा जानदेव

Address: S. surve housing society room no.2 behind amit photo studio Bhatwadi market Ghatkopar west mumbai

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

Telephone no.:	Mobile no: 919920661336	Email : shraddhapansare92@gmail.com
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DOB: Oct 27, 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: 0235966 (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):

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: 2017016400842926	Eligibility Status: Eligible	Examination form No.: 029372 	Division/Section: D	Roll No.: 335	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN TANVI SHAILESH	Mother's Name: ANJANA	Gender: Female
--------------------------------------------	-----------------------	----------------

Name in Vernacular Language: जैन तन्वी शैलेश

Address: 17/SANTOSHI BHUVAN BHATWADI, KISAN NAGAR-3 GANESH CHOWK

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

Telephone no.:	Mobile no: 919821316159	Email : tanvijain9991@gmail.com
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DOB: May 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: 0235821 (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):

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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PRN: 2017016400842942	Eligibility Status: Eligible	Examination form No.: 029373 	Division/Section: E	Roll No.: 519
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHETTY SHREYA BHOJA	Mother's Name: SUNITA	Gender: Female
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Name in Vernacular Language: शैली शेट्टी

Address: B-503 Shreeji Heights, Sector-8A Airoli, Navi-Mumbai

City: Navi Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400708

Telephone no.:	Mobile no: 918898656544	Email : shresoum@gmail.com
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DOB: Oct 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: 0236149 (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):

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: 2017016400842965	Eligibility Status: Eligible	Examination form No.: 029374 	Division/Section: C	Roll No.: 320
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAL SONI VIMLESHKUMAR	Mother's Name: REETA	Gender: Female
----------------------------------------------	----------------------	----------------

Name in Vernacular Language: पाल सोनी विमलेश कुमार

Address: ROOM NO.1101, HIMALAYA SOCIETY, NEAR SANJAY GENERAL STORE, PARK SITE, VIKHROLI WEST,

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

Telephone no.:	Mobile no: 917045306208	Email : BALJINDERKAURATWAL@GMAIL.COM
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DOB: Aug 24, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235949 (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):

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: 2017016400842973	Eligibility Status: Eligible	Examination form No.: 029375 	Division/Section: D	Roll No.: 412	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATADE SAUJANYA BHASKAR JYOTI	Mother's Name: JYOTI	Gender: Female
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Name in Vernacular Language: पाताडे सौजन्या भास्कर ज्योती

Address: Room No 13 Chawal No 5 Raghuvveer Nivas Sai Vihar Tembhi Pada Road Bhandup west Mumbai

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

Telephone no.:	Mobile no: 919004269498	Email : saujapatade13@gmail.com
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DOB: Apr 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: 0235983 (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):

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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Poonam

PRN: 2017016400843021	Eligibility Status: Eligible	Examination form No.: 029376 	Division/Section: D	Roll No.: 394
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NIRMAL POONAM SURAJ	Mother's Name: SEEMA	Gender: Female
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Name in Vernacular Language: निर्मल पूनम सुरज

Address: B/14 7/10 GANPATI FLOWER MART C G ROAD CHEMBUR MUMBAI

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

Telephone no.:	Mobile no: 919819083326	Email : vandanashastri.vs@gmail.com
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DOB: May 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: 0235941 (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):

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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PRN: 2017016400843067	Eligibility Status: Eligible	Examination form No.: 029377 	Division/Section: C	Roll No.: 314	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN GEETA PRAVINBHAI	Mother's Name: INDRA	Gender: Female
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Name in Vernacular Language: जैन गीता प्रवीणभाई

Address: FLAT NO.203,C -WING,PRITHVI RESIDENCY 2ND FLOOR,RAILWAY STATION ROAD NEAR OSWAL SCHOOL

City: BHIWANDI, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421305

Telephone no.: Mobile no: 919527370545 Email : vikramjain380@gmail.com

DOB: Sep 15, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235809 (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:
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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:

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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Shastri

PRN: 2017016400843102	Eligibility Status: Eligible	Examination form No.: 029378 	Division/Section: F	Roll No.: 733
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: SHASTRI VANDANANIDHI RAVINDRANATH	Mother's Name: SAVITRIDEVI	Gender: Female
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Name in Vernacular Language: शास्त्री वंदनानीधी रवींद्रनाथ

Address: AMAR NAGAR W T PATIL MARG OPP DUKES COMPANY CHEMBUR CHEMBUR MUMBAI

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

Telephone no.: Mobile no: 918424903265 Email : vandanasastri.vs@gmail.com

DOB: Aug 05, 2000 Category: Reserved (SC) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236137 (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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Priya

PRN: 2017016400843164	Eligibility Status: Eligible	Examination form No.: 029379 	Division/Section: C	Roll No.: 209
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AWAJI PRIYA SURESH	Mother's Name: VAISHALI	Gender: Female
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Name in Vernacular Language: आवजी प्रिया सुरेश

Address: ROOM NO 21 KAJI SHETH CHAWL KAJUPADA PIPELINE KURLA WEST

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

Telephone no.:	Mobile no: 918976116011	Email : awajipriya@gmail.com
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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: 0235611 (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):

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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Ketaki

PRN: 2017016400843187	Eligibility Status: Eligible	Examination form No.: 029380 	Division/Section: D	Roll No.: 343
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KADAM KETAKI SUNIL	Mother's Name: SUNITA	Gender: Female
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Name in Vernacular Language:केतकी सुनील कदम

Address: 7,Jagruti Niwas Sai Hill Tembipada Road

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

Telephone no.:	Mobile no: 917045568932	Email : ketakikadam2000@gmail.com
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DOB: May 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235836 (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):

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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M. Ravina

PRN: 2017016400843195	Eligibility Status: Eligible	Examination form No.: 029381 	Division/Section: C	Roll No.: 328
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAVINA MURUGAN	Mother's Name: AMUDHA	Gender: Female
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Name in Vernacular Language: रविना

Address: ROOM NO 14 , NEW BHARAT CHAWL , SHIVAJI NAGAR , JERIMERI , ANDHERI - KURLA ROAD (W) , MUMBAI 400072

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

Telephone no.:	Mobile no: 919768351123	Email : SUKUMARMURUGAN123@GMAIL.COM
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DOB: Jun 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: 0235596 (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:

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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SAWANT S.S.

PRN: 2017016400843253	Eligibility Status: Eligible	Examination form No.: 029382 	Division/Section: A	Roll No.: 94
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAWANT SHUBHAM SANTOSH	Mother's Name: SAMIKSHA	Gender: Male
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Name in Vernacular Language: सावंत शुभम संतोष

Address: SHREE SIDDHESHWAR MITRA MANDAL RAM NAGAR (B) GHATKOPAR (W)

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

Telephone no.:	Mobile no: 919004434263	Email : sawantshubham017@gmail.com
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DOB: Nov 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: 0236320 (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):

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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Dhawal

PRN: 2017016400843276	Eligibility Status: Eligible	Examination form No.: 029383 	Division/Section: F	Roll No.: 766	<i>Dhawal</i>
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN DHAWAL PRAVEEN	Mother's Name: REKHA	Gender: Male
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Name in Vernacular Language: धवल जैन

Address: 101,mayur apt kharkarali thane west near,thane police school

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

Telephone no.:	Mobile no: 919702890193	Email : dhawalj388@gmail.com
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DOB: Apr 07, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235808 (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: Vidyavihar
	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: 2017016400843303	Eligibility Status: Eligible	Examination form No.: 029384 	Division/Section: D	Roll No.: 434
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PEDNEKAR TEJAL VINAY	Mother's Name: VIDHI	Gender: Female
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Name in Vernacular Language: PEDNEKAR TEJAL VINAY

Address: bldg no. 76, room no. 2073 kannamwar nagar 2, vikhroli east mumbai

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

Telephone no.:	Mobile no: 919594941651	Email : khotpratik23@gmail.com
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DOB: Jan 01, 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: 0236020 (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: 2017016400843326	Eligibility Status: Eligible	Examination form No.: 029385 	Division/Section: F	Roll No.: 704
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: POTRO SONIA DINBANDHU	Mother's Name: REENA	Gender: Female
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Name in Vernacular Language: पोट्रो सेनिया दिन्बन्धु

Address: Nasibulla Chawl room no 2 group no 4 tagore nagar vikhroli east mumbai 400083

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

Telephone no.:	Mobile no: 919867246064	Email : swetapatra238@gmail.com
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DOB: Apr 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236028 (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: 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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Ankita

PRN: 2017016400843365	Eligibility Status: Eligible	Examination form No.: 029386 	Division/Section: D	Roll No.: 425
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATIL ANKITA KRISHNA	Mother's Name: APARNA	Gender: Female
---------------------------------------------	-----------------------	----------------

Name in Vernacular Language: पाटील अंकिता कृष्णा

Address: ROOM NO 409/2/2 GANDHI NAGAR N.S.S ROAD

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

Telephone no.: Mobile no: 918097827761 Email : apal15805@gmail.com

DOB: Oct 19, 1999 Category: Reserved (OBC) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236003 (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

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



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Padhan

PRN: 2017016400843373	Eligibility Status: Eligible	Examination form No.: 029387 	Division/Section: D	Roll No.: 447
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: JADHAV TANMAY SHIVAJI	Mother's Name: VARSHARANI	Gender: Male
Name in Vernacular Language: जाधव तन्मय शिवाजी		
Address: HARISHCHANDRA SURVE CHAWL, NEAR B.M.C. SCHOOL, MANKHURD GAON, STATION ROAD,		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400088		
Telephone no.:	Mobile no: 919768683867	Email : tanmayjadhav08@gmail.com
DOB: Apr 05, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235804 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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Sailee Khare

PRN: 2017016400843431	Eligibility Status: Eligible	Examination form No.: 029388 	Division/Section: B	Roll No.: 150
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHARE SAILEE ABHIJIT	Mother's Name: ANAGHA	Gender: Female
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Name in Vernacular Language: खरे सायली अभिजित

Address: 601,VIJAYSHREE C.H.S, ST. ANTHONY ROAD, CHEMBUR, MUMBAI

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

Telephone no.: 25214886 Mobile no: 918879028802 Email : saileekhare@icloud.com

DOB: Mar 23, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236281 (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:		

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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Sarang

PRN: 2017016400843446	Eligibility Status: Eligible	Examination form No.: 029389 	Division/Section: E	Roll No.: 480
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SARANG UMEERA JAHID	Mother's Name: RIZWANA	Gender: Female
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Name in Vernacular Language: उमेरा

Address: Room No 765, Plot no 12, Lotus colony, Govandi Mumbai

City: Mumbai, Taluka: kurla, District: , State: Maharashtra, PIN: 400043

Telephone no.:	Mobile no: 919920385826	Email : yusufsarang@yahoo.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: 0236074 (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):

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: 2017016400843454	Eligibility Status: Eligible	Examination form No.: 029390 	Division/Section: C	Roll No.: 312	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JADHAV SNEHA SUNIL	Mother's Name: UJJWALA	Gender: Female
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Name in Vernacular Language: जाधव स्नेहा सुनील

Address: b 3 saikrupa hsg soc netaji nagar, 90 fet road khadi no 3

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072

Telephone no.: Mobile no: 918898323748 Email : avijadhav1997@gmail.com

DOB: Aug 17, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235803 (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

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



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PRN: 2017016400843462	Eligibility Status: Eligible	Examination form No.: 029391 	Division/Section: F	Roll No.: 714
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SANNAGAPNOOR PRIYANKA JALLAPPA	Mother's Name: SUJATA	Gender: Female
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Name in Vernacular Language: प्रियांका जल्लाप्पा सन्नागपनूर

Address: Shivchaya Rahivashi Sang Opp Bldg-176, Near Pragati Vidyalyay Kannamwar Nagar-2

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

Telephone no.:	Mobile no: 918898589133	Email : priyanakajallappa7085@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: 0236072 (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:		

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: 2017016400843477	Eligibility Status: Eligible	Examination form No.: 029392 	Division/Section: F	Roll No.: 695
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARMAR PRACHI KAMLESH	Mother's Name: MEENA	Gender: Female
----------------------------------------------	----------------------	----------------

Name in Vernacular Language: परमार प्राची कमलेश

Address: 13/madhav kutir 7th road vidhyavihar [east]

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

Telephone no.:	Mobile no: 917303037992	Email : prachiparmar93@gmail.com
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DOB: May 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: 0235979 (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: 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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S. K. Somaiya College of Arts, Science and Commerce (540)

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Neha

PRN: 2017016400843485	Eligibility Status: Eligible	Examination form No.: 029393 	Division/Section: A	Roll No.: 106
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NEHA ANIL THAKUR	Mother's Name: KALPANA	Gender: Female
-----------------------------------------	------------------------	----------------

Name in Vernacular Language: नेहा अनिल ठाकूर

Address: H- TYPE, 9/7 ORDNANCE FACTORY ESTATE AMBARNATH WEST

City: AMBARNATH, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421502

Telephone no.:	Mobile no: 918989160765	Email : nehaanilthakur25@gmail.com
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DOB: May 25, 2000	Category: Reserved (ST)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236201 (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):

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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charm?

PRN: 2017016400843493	Eligibility Status: Eligible	Examination form No.: 029394 	Division/Section: F	Roll No.: 671
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANDALIYA CHARM HARESH DAKSHABEN	Mother's Name: DAKSHABEN	Gender: Female
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Name in Vernacular Language: मंडलिया चार्मी हरेश दक्षाबेन

Address: 14/394, near ganesh mandir sant dnyaneshwar marg, chs pant nagar ghatkopar-w

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

Telephone no.:	Mobile no: 917045393124	Email : dand.darshan4544@gmail.com
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DOB: Jun 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: 0235900 (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: 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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Handwritten signature

PRN: 2017016400843512	Eligibility Status: Eligible	Examination form No.: 029395 	Division/Section: D	Roll No.: 407
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAREEK NEHA SHASHIKANT	Mother's Name: SANTOSH	Gender: Female
-----------------------------------------------	------------------------	----------------

Name in Vernacular Language: पारीक नेहा शशिकांत

Address: ROW HOUSE C-55 SECTOR 4 AIROLI

City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400708

Telephone no.: Mobile no: 917506069436 Email : nehapareek1209@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: 0235974 (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
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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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Vandit

PRN: 2017016400843551	Eligibility Status: Eligible	Examination form No.: 029396 	Division/Section: E	Roll No.: 517
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHETH VANDIT ATUL	Mother's Name: ASMITA	Gender: Male
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Name in Vernacular Language: शेट वंदित अतुल

Address: 605/606, MAHAVIR APARTMENTS SARVODAYA NAGAR, MULUND WEST

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

Telephone no.: 25913932	Mobile no: 919167956108	Email : vandit2411@gmail.com
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DOB: Nov 24, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236146 (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):

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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Karthika

PRN: 2017016400843616	Eligibility Status: Provisional	Examination form No.: 029397 	Division/Section: F	Roll No.: 753
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VANIYAR KARTHIKA SRINIVAS SANTHI	Mother's Name: SANTHI	Gender: Female
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Name in Vernacular Language: कार्थिक

Address: Abdul Karim chawl R. no 3 Nityanand Nagar Ghatkopar (W)

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

Telephone no.: Mobile no: 917039863477 Email : karthikasrinivas26@gmail.com

DOB: Nov 17, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236216 (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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Rupali

PRN: 2017016400843671	Eligibility Status: Eligible	Examination form No.: 029398 	Division/Section: D	Roll No.: 360
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHANDEKAR RUPALI SADASHIV	Mother's Name: GEETANJALI	Gender: Female
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Name in Vernacular Language: रूपाळी सदाशिव खांडेकर

Address: SHIVGARJANA HSG, SOC RAHUL NAGAR B VIKHROLI PARK SITE

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

Telephone no.:	Mobile no: 918108773544	Email : premdalvi1234@gmail.com
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DOB: Nov 11, 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: 0235875 (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):

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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Chirag

PRN: 2017016400843694	Eligibility Status: Eligible	Examination form No.: 029399 	Division/Section: D	Roll No.: 455
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MOTA CHIRAG TAPISHANKAR	Mother's Name: LATA	Gender: Male
------------------------------------------------	---------------------	--------------

Name in Vernacular Language: चिराग

Address: 507 sangmitra dumping road mulund west

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080

Telephone no.:	Mobile no: 919920946674	Email : chiraggor26@gmail.com
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DOB: Dec 26, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235926 (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):

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:

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: 2017016400843721	Eligibility Status: Eligible	Examination form No.: 029400 	Division/Section: E	Roll No.: 467	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAWAT AVANI HARISINGH	Mother's Name: YASHODA	Gender: Female
----------------------------------------------	------------------------	----------------

Name in Vernacular Language: रावत अवनि हरिसिंह

Address: D-10, DAE COLONY, SARVODAYA NAGAR, CHEMBUR - EAST

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

Telephone no.: Mobile no: 919004445643 Email : hsrbsr@gmail.com

DOB: Sep 28, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236313 (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

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



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PRN: 2017016400843744	Eligibility Status: Eligible	Examination form No.: 029401 	Division/Section: B	Roll No.: 160	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARAB ANIRUDDHA AJIT	Mother's Name: ANAGHA	Gender: Male
---------------------------------------------	-----------------------	--------------

Name in Vernacular Language: परब अनिरुद्ध अजित

Address: 401, CHANDRALOK SOCIETY DATAR COLONY, BHANDUP (EAST) V S ROAD

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

Telephone no.:	Mobile no: 919869063024	Email : aniruddhparab82@gmail.com
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DOB: Dec 30, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235967 (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):

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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PRN: 2017016400843775	Eligibility Status: Eligible	Examination form No.: 029402 	Division/Section: E	Roll No.: 488	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAWANT VEDIKA VISHWAS	Mother's Name: YVONNE	Gender: Female
----------------------------------------------	-----------------------	----------------

Name in Vernacular Language: सावंत वेदिका विश्वास

Address: B-404 GULMOHAR PATILWADI, SAVARKAR NAGAR THANE WEST

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400606

Telephone no.: 25803214	Mobile no: 919167779268	Email : write2evon@gmail.com
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DOB: Nov 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: 0236087 (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):

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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Akshata

PRN: 2017016400843783	Eligibility Status: Eligible	Examination form No.: 029403 	Division/Section: A	Roll No.: 46
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AKSHATA GAJANAN KAPSE	Mother's Name: APARNA	Gender: Female
----------------------------------------------	-----------------------	----------------

Name in Vernacular Language: marathi

Address: Room no 602, sadhafully buil no 5 chandanwadi sarovar darshan thane (w)

City: thane, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400602

Telephone no.: Mobile no: 918390098896 Email : akshatarani10@gmail.com

DOB: Mar 10, 2000 Category: Reserved (OBC) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235849 (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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PRN: 2017016400843802	Eligibility Status: Eligible	Examination form No.: 029404 	Division/Section: F	Roll No.: 712
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SALIYA BHAVIK ASHOK	Mother's Name: SUSHMABEN	Gender: Male
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Name in Vernacular Language: सलिया भाविक अशोक

Address: SALIYA STORES T7 ROAD NO. 9 BAIGAN WADI, GOVANDI

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

Telephone no.:	Mobile no: 918779099813	Email : AMBIKA@GMAIL.COM
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DOB: Dec 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: 0236064 (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:		

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

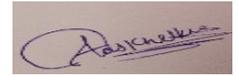
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S. K. Somaiya College of Arts, Science and Commerce (540)

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: 2017016400843833	Eligibility Status: Eligible	Examination form No.: 029405 	Division/Section: B	Roll No.: 168
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TASKHEDKAR ABHISHEK YOGESH	Mother's Name: ARCHANA	Gender: Male
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Name in Vernacular Language: तासखेडकर योगेश अभिषेक

Address: FLAT NO 2 RESHMANAND PARK TIDKE NAGAR OPP PRIYANKA PARK UNTAWADI

City: NASHIK, Taluka: Nashik, District: Nashik, State: Maharashtra, PIN: 422009

Telephone no.:	Mobile no: 919421299702	Email : abhishek_taskhedkar@yahoo.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: 0236188 (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):

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

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PRN: 2017016400843841	Eligibility Status: Eligible	Examination form No.: 029406 	Division/Section: A	Roll No.: 20
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAUHAN POOJA SWAMINATH	Mother's Name: URMILA	Gender: Female
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Name in Vernacular Language: चौहान पूजा स्वामीनाथ

Address: ROOM NO 2 MOHAN DEVI SARAN CHAWL TANK ROAD BHANDUP WEST

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

Telephone no.:	Mobile no: 919167910948	Email : 8108pooja@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: 0236258 (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):

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

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Meghna Kumar

PRN: 2017016400843856	Eligibility Status: Provisional	Examination form No.: 029407 	Division/Section: B	Roll No.: 152
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: MEGHNA KUMAR RANJIV KUMAR	Mother's Name: REENA	Gender: Female
Name in Vernacular Language: मेघना कुमार		
Address: 1701 B Wing, Bhoomi Paradise Sec 11, Sanpada Navi Mumbai		
City: Navi Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400705		
Telephone no.:	Mobile no: 919820858504	Email : juhi.ghorpade@gmail.com
DOB: Oct 18, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236245 (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:		

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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Ankita

PRN: 2017016400843906	Eligibility Status: Eligible	Examination form No.: 029408 	Division/Section: A	Roll No.: 69
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANCHAL ANKITA JAYANTILAL	Mother's Name: HANSA	Gender: Female
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Name in Vernacular Language: पंचाल अंकिता जयंतिलाल

Address: 104, om sudama gold, gograswadi, patharli road dombivali east

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

Telephone no.:	Mobile no: 918291237732	Email : panchalankita895@gmail.com
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DOB: Jul 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: 0236299 (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):

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: 2017016400843937	Eligibility Status: Eligible	Examination form No.: 029409 	Division/Section: F	Roll No.: 643	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN PIYUSH VINOD	Mother's Name: ANJU	Gender: Male
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Name in Vernacular Language: जैन पियुष विनोद

Address: 5/1, SONAWANE CHAWL, HARIYALI VILLAGE, TAGORE NAGAR,

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

Telephone no.:	Mobile no: 919702152646	Email : JAINPIYUSH9702@GMAIL.COM
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DOB: Jul 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: 0235814 (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: 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: 2017016400843961	Eligibility Status: Eligible	Examination form No.: 029410 	Division/Section: C	Roll No.: 301
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GUPTA SANJANA DHARMENDRA	Mother's Name: TARA	Gender: Female
-------------------------------------------------	---------------------	----------------

Name in Vernacular Language: गुप्ता संजना धर्मेंद्र

Address: NEAR SHIVAJI CHOK 290\3 PARAD CHAWLA C.S.T. ROAD KURLA (W)

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

Telephone no.:	Mobile no: 918108895568	Email : shubham8766@gmail.com
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DOB: Jul 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: 0235777 (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):

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:		



University of Mumbai, Mumbai

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

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PRN: 2017016400844001	Eligibility Status: Eligible	Examination form No.: 029411 	Division/Section: C	Roll No.: 274
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GADGE RUSHIKESH SHIVAJI	Mother's Name: SARITA	Gender: Male
------------------------------------------------	-----------------------	--------------

Name in Vernacular Language: गडगे ऋषिकेश शिवाजी

Address: 1/4, CHANDRABAI NIWAS NEHRU NAGAR KANJURMARG EAST

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

Telephone no.:	Mobile no: 918652539173	Email : gadgerushikesh11@gmail.com
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DOB: Dec 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: 0235726 (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):

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

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FORAM

PRN: 2017016400844024	Eligibility Status: Eligible	Examination form No.: 029412 	Division/Section: C	Roll No.: 285
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GANDHI FORAM RAJESH	Mother's Name: SMITA	Gender: Female
--------------------------------------------	----------------------	----------------

Name in Vernacular Language: गांधी फॉर्म राजेश

Address: ROOM NO 301 RAM GANESH GADHKARI PATH NEAR C.K.P. HALL

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

Telephone no.:	Mobile no: 917045739985	Email : GANDHIFORAM28@GMAIL.COM
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DOB: Jun 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: 0235741 (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):

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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G. Gupta

PRN: 2017016400844047	Eligibility Status: Eligible	Examination form No.: 029413 	Division/Section: F	Roll No.: 631
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GUPTA GEETA RAMJIYAWAN	Mother's Name: SUSHILA	Gender: Female
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Name in Vernacular Language: GUPTA GEETA RAMJIYAWAN

Address: 2/17 lilabai chawl sahyadri nagar quarry road, bhandup west

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078

Telephone no.:	Mobile no: 917506850724	Email : guptageeta750@gmail.com
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DOB: Jul 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: 0235773 (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):

<p>To, The Controller of Examination,</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: Vidyavihar</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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PRN: 2017016400844063	Eligibility Status: Eligible	Examination form No.: 029414 	Division/Section: D	Roll No.: 387
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NAGPURWALA HATIMALI ABID	Mother's Name: SHAKIRA	Gender: Male
-------------------------------------------------	------------------------	--------------

Name in Vernacular Language: नगपुरवाला हतिमालि आबिद

Address: BLD 98/2789 KANNAMWAR NAGAR-2 VIKHROLI(E)

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

Telephone no.:	Mobile no: 918655797053	Email : HATIMNAGPURWALA52@GMAIL.COM
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DOB: Mar 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: 0235934 (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):

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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Saras Hajirnis

PRN: 2017016400844086	Eligibility Status: Eligible	Examination form No.: 029415 	Division/Section: B	Roll No.: 141
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HAJIRNIS SARAS ASHISH	Mother's Name: KALPANA	Gender: Male
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Name in Vernacular Language: हजिरनीस सारस आशिष

Address: 501, ROYALE, ASHAR RESIDENCY, GLADY ALVARIS ROAD OFF POKHRAN RD. NO 2, THANE (W)

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400610

Telephone no.: 21718025 Mobile no: 917506292060 Email : saras.hajirnis@gmail.com

DOB: Sep 23, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236270 (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	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):

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:

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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Zende

PRN: 2017016400844113	Eligibility Status: Eligible	Examination form No.: 029416 	Division/Section: A	Roll No.: 117
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ZENDE TEJASHREE YASHWANT	Mother's Name: SHEETAL	Gender: Female
-------------------------------------------------	------------------------	----------------

Name in Vernacular Language: तेजश्री यशवंत झेंडे

Address: B-301, SHREE SWAMI SAMRTH, CHS KOPARGAON, KOPARROAD, DOMBIVALI(WEST)

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

Telephone no.:	Mobile no: 917208708005	Email : tejashreezende@gmail.com
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DOB: Feb 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: 0236339 (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):

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: 2017016400844136	Eligibility Status: Eligible	Examination form No.: 029417 	Division/Section: D	Roll No.: 370	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KUMAWAT NARENDRA MADURAM	Mother's Name: SAROJ	Gender: Male
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Name in Vernacular Language: कुमावत नरेंद्र माडूराम

Address: 304, ANIL NIWAS, KISAN NAGAR NO 3 ROAD NO 16 WAGLE ESTATE

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

Telephone no.:	Mobile no: 919821521051	Email : narendarkumavat64@gmail.com
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DOB: Apr 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: 0236286 (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):

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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Tejaswini

PRN: 2017016400844152	Eligibility Status: Eligible	Examination form No.: 029418 	Division/Section: F	Roll No.: 612
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHORGE TEJASWINI SANJAY	Mother's Name: SANGITA	Gender: Female
------------------------------------------------	------------------------	----------------

Name in Vernacular Language: चोरगे तेजस्विनी संजय

Address: ROOM NO.1, JAI GANESH CHAWL MUMBRADEVI COLONY, DIVA EAST THANE-400612

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612

Telephone no.:	Mobile no: 918425830602	Email : tejaswinichorge@gmail.com
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DOB: May 03, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236262 (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: 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: 2017016400844217	Eligibility Status: Eligible	Examination form No.: 029419 	Division/Section: A	Roll No.: 9
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANGRE AISHWARYA ANIL	Mother's Name: MANDA	Gender: Female
-----------------------------------------------	----------------------	----------------

Name in Vernacular Language: भांगरे ऐश्वर्या ANIL

Address: 41 VISHWANATH JADHAV CHAWL GOLIBAR, GANESH MAIDAN GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919967297851	Email : anilbhangre20@gmail.com
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DOB: Nov 14, 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: 0236254 (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):

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:

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: 2017016400844225	Eligibility Status: Eligible	Examination form No.: 029420 	Division/Section: A	Roll No.: 16
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: BHOJ ASHUTOSH DINESH	Mother's Name: NIRMALA	Gender: Male
Name in Vernacular Language: GUJARATI		
Address: 305/SAI DARSHAN BLDG ANAND NAGAR DINDAYAL ROAD DOMBIVALI WEST		
City: DOMBIVALI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202		
Telephone no.:	Mobile no: 917977140273	Email : bhojashutosh4@gmail.com
DOB: Jun 11, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236256 (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):

<p>To, The Controller of Examination,</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: Vidyavihar</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:		



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

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PRN: 2017016400844272	Eligibility Status: Eligible	Examination form No.: 029421 	Division/Section: C	Roll No.: 207
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AMBEKAR PAYAL SURESH	Mother's Name: SUVARNA	Gender: Female
---------------------------------------------	------------------------	----------------

Name in Vernacular Language: अंबेकर पायल सुरेश

Address: ROOM NO 11 KAJU DIKADI GANESH NAGAR GANAJAN HOUSING SOCIETY MANKATRAM PETROL PUMP BHANDHUP

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

Telephone no.:	Mobile no: 919920870557	Email : cartoonpayal@gmail.com
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DOB: Aug 04, 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: 0235602 (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):

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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M.I. Sanghavi

PRN: 2017016400844306	Eligibility Status: Eligible	Examination form No.: 029422 	Division/Section: E	Roll No.: 478
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SANGHAVI MIKSHA LALIT	Mother's Name: JYOTSNA	Gender: Female
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Name in Vernacular Language: **संगवळी**

Address: 1/c, 151, 15th floor kalpataru aura opp. R City mall

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

Telephone no.:	Mobile no: 917303686203	Email : mikshasanghvi355@gmail.com
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DOB: May 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: 0236070 (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):

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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PRN: 2017016400844314	Eligibility Status: Eligible	Examination form No.: 029423 	Division/Section: E	Roll No.: 515	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHETH NAMAN BIPINBHAI	Mother's Name: SUREKHA	Gender: Male
----------------------------------------------	------------------------	--------------

Name in Vernacular Language: शेठ नमन बिपिनभाई

Address: 2/203/204 MORAR BAUG R.B. MEHTA MARG GHATKOPAR [EAST]

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

Telephone no.:	Mobile no: 919892073492	Email : NAMANSHETH17@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: 0236144 (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):

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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J Pandel

PRN: 2017016400844345	Eligibility Status: Eligible	Examination form No.: 029424 	Division/Section: E	Roll No.: 542
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JEMIKA RANJIT TANDEL	Mother's Name: RAKSHANDA	Gender: Female
---------------------------------------------	--------------------------	----------------

Name in Vernacular Language: जेमिका रणजित तांडेल

Address: Rm No-3, Radhabai Patil Chawl, Janta Society Marg, Pantnagar Ghatkopar(east)

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

Telephone no.:	Mobile no: 919870419656	Email : jemikatandel2604@gmail.com
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DOB: Apr 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: 0236186 (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):

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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Nalawade

PRN: 2017016400844353	Eligibility Status: Eligible	Examination form No.: 029425 	Division/Section: D	Roll No.: 390
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NALAWADE DEEPIKA SUNIL	Mother's Name: SUNITA	Gender: Female
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Name in Vernacular Language: नलावडे दीपिका सुनील

Address: NEAR DATT MANDIR, PANCHASHIL NAGAR ROOM NO-53, KHANDOBA TEKADI GOLIBAR ROAD, GHATKOPAR WEST, MUMBAI

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

Telephone no.:	Mobile no: 919920849592	Email : deepikanalawade07101999@gmail.com
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DOB: Oct 07, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235937 (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:
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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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Shaikh

PRN: 2017016400844361	Eligibility Status: Eligible	Examination form No.: 029426 	Division/Section: A	Roll No.: 98
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH SHAGUFTA NABI AHMED	Mother's Name: NASRIN	Gender: Female
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Name in Vernacular Language: शेख शगुफ्ता नबी अहमद

Address: ROOM NO.4, SHAIKH SAMIJAN CHAWL, FARID NAGAR, BHANDUP (W)

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

Telephone no.: 9967814440	Mobile no: 919967814440	Email : sv08806@gmail.com
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DOB: May 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: 0236130 (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):

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

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PRN: 2017016400844384	Eligibility Status: Eligible	Examination form No.: 029427 	Division/Section: E	Roll No.: 494
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH DHRUTI JITENDRA	Mother's Name: HEMA	Gender: Female
---------------------------------------------	---------------------	----------------

Name in Vernacular Language: शाह धृती जितेंद्र

Address: 1, Hulga Smruti, DNC Road, Ramnagar, Dombivali East

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

Telephone no.:	Mobile no: 918454875609	Email : dhrutishah45@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: 0236097 (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):

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:

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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K. Wankhede

PRN: 2017016400844434	Eligibility Status: Eligible	Examination form No.: 029428 	Division/Section: E	Roll No.: 571	K. Wankhede
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: WANKHEDE KRUTI GAJANAN	Mother's Name: SHARVARI	Gender: Female
-----------------------------------------------	-------------------------	----------------

Name in Vernacular Language: वानखेडे कृती गजानन

Address: 901/152, Ekta Society Naidu Colony, Pant Nagar Ghatkopar (East)

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

Telephone no.: Mobile no: 919920287174 Email : vaibhav.kadam24@gmail.com

DOB: Dec 23, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236236 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400844496	Eligibility Status: Provisional	Examination form No.: 029429 	Division/Section: C	Roll No.: 231	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TANUSHA BHARGAVA	Mother's Name: CHHAVI	Gender: Female
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Name in Vernacular Language: tanusha

Address: J-504, Dunes Residency, Dunetha Nani-Daman, Daman

City: daman, Taluka: daman, District: Daman, State: Daman and Diu, PIN: 396210

Telephone no.:	Mobile no: 918758852365	Email : bhargavatanusha10041999@gmail.com
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DOB: Apr 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: 0235646 (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):

<p>To, The Controller of Examination,</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: Vidyavihar</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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R.S. Mohite

PRN: 2017016400844523	Eligibility Status: Eligible	Examination form No.: 029430 	Division/Section: A	Roll No.: 60
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: MOHITE RUCHA SACHIN	Mother's Name: SAMRUDDHI	Gender: Female
Name in Vernacular Language: MOHITE RUCHA SACHIN		
Address: A 202, Vishal Park, Kopergaon Dombivali West		
City: Dombivali, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202		
Telephone no.:	Mobile no: 917045632255	Email : ruchamohite17@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: 0236294 (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):

<p>To, The Controller of Examination,</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: Vidyavihar</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: 2017016400844577	Eligibility Status: Eligible	Examination form No.: 029431 	Division/Section: E	Roll No.: 581	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAHU PREETI ASHOK	Mother's Name: SABITRI	Gender: Female
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Name in Vernacular Language: साहू प्रीती अशोक

Address: E-402, CYPRESS, VASANT GARDEN NEAR SWAPAN NAGARI MULUND (W)

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

Telephone no.:	Mobile no: 919987840411	Email : npanigrahi11@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: 0236058 (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):

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: 2017016400844593	Eligibility Status: Eligible	Examination form No.: 029432 	Division/Section: A	Roll No.: 28	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DALVI PURVA SANJAY	Mother's Name: SMITA	Gender: Female
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Name in Vernacular Language: दळवी पूर्व संजय

Address: A5/8 Rajdoot Colony Ghatkopar Depo East B.E.S.T Colony near Pantnagar Mumbai- 400075

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

Telephone no.:	Mobile no: 918767253723	Email : damzcrazy@gmail.com
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DOB: Mar 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: 0235690 (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):

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: 2017016400844604	Eligibility Status: Eligible	Examination form No.: 029433 	Division/Section: F	Roll No.: 705	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PULIPARAMBIL SAURAV SHANANTH AVINASH	Mother's Name: BEENA	Gender: Male
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Name in Vernacular Language: पुलिपरमबिल सौरव शानथ अविनाश

Address: 5A/5, NABARD STAFF QUARTERS, DAMODAR PARK GHATKOPAR (WEST)

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

Telephone no.: Mobile no: 919967347003 Email : bina23173@yahoo.co.in

DOB: Jul 29, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236032 (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

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



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PRN: 2017016400844627	Eligibility Status: Eligible	Examination form No.: 029434 	Division/Section: A	Roll No.: 47
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: KHAN ASIF RAEES AHMED	Mother's Name: RUKHSANA	Gender: Male
Name in Vernacular Language: Hindi		
Address: ROOM NO-49 BLINE-D ROAD NO-8 SANJAY NAGAR, BAIGANWADI GOVANDI, MUMBAI-400043		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043		
Telephone no.:	Mobile no: 918898959539	Email : 1111ASIF1111.PL@GMAIL.COM
DOB: Dec 03, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236277 (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:
Center Preference (Code/Name):		
Venue Preference (Code/Name):		

<p>To, The Controller of Examination,</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: Vidyavihar</p> <p>Date:</p>
	Student's Signature

<p>Declaration by Principal/HOD/Chairperson</p> <p>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.</p>

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



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PRN: 2017016400844716	Eligibility Status: Eligible	Examination form No.: 029435 	Division/Section: B	Roll No.: 153
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LODAYA PRACHI ASHOK	Mother's Name: SHARMILA	Gender: Female
--------------------------------------------	-------------------------	----------------

Name in Vernacular Language: लोडया प्राची अशोक

Address: 101, SARASWATI NIWAS GAODEVI GHANSHYAM GUPTA ROAD

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

Telephone no.:	Mobile no: 918652349304	Email : prachishah611@gmail.com
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DOB: Nov 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: 0236288 (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):

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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: 2017016400844771	Eligibility Status: Eligible	Examination form No.: 029436 	Division/Section: E	Roll No.: 572	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: YADAV PANKAJ RAJKUMAR	Mother's Name: PREMA	Gender: Male
----------------------------------------------	----------------------	--------------

Name in Vernacular Language: HINDI

Address: HARIOM CHAWL MANORAMA NAGAR KOLESKET ROAD THANE (W)-400607

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400607

Telephone no.:	Mobile no: 917045858909	Email : pya8345@gmail.com
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DOB: Jun 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: 0236238 (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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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: 2017016400844786	Eligibility Status: Eligible	Examination form No.: 029437 	Division/Section: C	Roll No.: 294
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: GORE PARESH PANDURANG	Mother's Name: BHARATI	Gender: Male
Name in Vernacular Language: गोरें परेश पंडुरंग		
Address: AT POST LOTE TALARI WADI TAL KHED		
City: LOTE, Taluka: Khed, District: Ratnagiri, State: Maharashtra, PIN: 415722		
Telephone no.:	Mobile no: 918308652274	Email : NG191195@GMAIL.COM
DOB: May 11, 1999	Category: Reserved (NT-2 (NT-C))	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235760 (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

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



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Manthan

PRN: 2017016400844805	Eligibility Status: Eligible	Examination form No.: 029438 	Division/Section: C	Roll No.: 273
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: FULIYA MANTHAN SHAILESH	Mother's Name: DEVBALA	Gender: Male
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Name in Vernacular Language: फुलीया मंथन शैलेष

Address: ROOM NO-601 BLDG-129 PANT NAGAR GHATKOPER (EAST)

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

Telephone no.:	Mobile no: 918655770348	Email : FULIYAMANTHAN@GMAIL.COM
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DOB: Nov 30, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235724 (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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PRN: 2017016400844852	Eligibility Status: Eligible	Examination form No.: 029439 	Division/Section: E	Roll No.: 557	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: UJAL MANALI CHANDRAKANT	Mother's Name: POOJA	Gender: Female
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Name in Vernacular Language: उजाल मनाली चंद्रकांत

Address: 502, Kailas Nagar, Asalpha Village, Ghatkopar West

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

Telephone no.:	Mobile no: 919167919268	Email : manaliujal@gmail.com
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DOB: Mar 02, 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: 0236211 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400844867	Eligibility Status: Eligible	Examination form No.: 029440 	Division/Section: A	Roll No.: 104	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SURA SANJIT SINGH RANJIT SINGH	Mother's Name: MANJEET KAUR	Gender: Male
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Name in Vernacular Language: सुरा संजित सिंग रंजित सिंग

Address: House number 248/14, opposite Sainath house Near satyadeep, wood factory, Indira Nagar, Chembur camp, Mumbai 400074

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

Telephone no.:	Mobile no: 919664568688	Email : sanjitsingh6666@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: 0236328 (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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	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: 2017016400844902	Eligibility Status: Eligible	Examination form No.: 029441 	Division/Section: E	Roll No.: 503	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH AIMAN ASAD	Mother's Name: NASRIN	Gender: Female
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Name in Vernacular Language: शेख अयमन असद

Address: Bldg no:11,Rno:5,A/wing,indrayani bldg, Lallubhai compound Mankhurd

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

Telephone no.:	Mobile no: 917718082434	Email : shaikhaiman8888@gmail.com
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DOB: Jul 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: 0236120 (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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PRN: 2017016400844941	Eligibility Status: Eligible	Examination form No.: 029442 	Division/Section: D	Roll No.: 386	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NAGDA MANSI PANKAJ	Mother's Name: NILPA	Gender: Female
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Name in Vernacular Language:mansi

Address: 1167,304,geeta apartment , railway station road, anjur phata bhiwandi

City: bhiwandi, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421305

Telephone no.:	Mobile no: 917058229099	Email : shahmansi1220@gmail.com
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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: 0235932 (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

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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: 2017016400844964	Eligibility Status: Eligible	Examination form No.: 029443 	Division/Section: C	Roll No.: 252
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHUDJI MANSI BHANUDAS	Mother's Name: BHAGYASHREE	Gender: Female
----------------------------------------------	----------------------------	----------------

Name in Vernacular Language: चुडजी मानसी भानुदास

Address: K R Shinde Chawl R B Kadam Marg Bhatwadi, Ghatkopar West

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

Telephone no.:	Mobile no: 917045493166	Email : mansichudji14@gmail.com
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DOB: Aug 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: 0235687 (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):

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:

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: 2017016400844995	Eligibility Status: Eligible	Examination form No.: 029444 	Division/Section: E	Roll No.: 538
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SUMARIA SHAILEE JENTI	Mother's Name: PARUL	Gender: Female
----------------------------------------------	----------------------	----------------

Name in Vernacular Language: शैली जेटी सुमारीआ

Address: B-3/704 LOK EVEREST , J.S.D. ROAD , MULUND WEST MUMBAI-400080

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

Telephone no.: 25934467	Mobile no: 919004674903	Email : shailee.sumaria@gmail.com
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DOB: Apr 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236178 (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):

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

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Patole

PRN: 2017016400845012	Eligibility Status: Eligible	Examination form No.: 029445 	Division/Section: D	Roll No.: 426
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATOLE RUTIKA MANISH	Mother's Name: MANALI	Gender: Female
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Name in Vernacular Language: MARATHI

Address: ROOM NO. 1/3 ROCKY MENDONZA CHAWL DATAR COLONY, BHANDUP-EAST

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

Telephone no.:	Mobile no: 919819467460	Email : shreeraj22222@gmail.com
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DOB: Jan 23, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236007 (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

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



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PRN: 2017016400845043	Eligibility Status: Eligible	Examination form No.: 029446 	Division/Section: C	Roll No.: 298
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GOVEKAR KRUTIKA DIGAMBAR	Mother's Name: VAISHALI	Gender: Female
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Name in Vernacular Language: गोवेकर कृतिका दिगंबर

Address: 6767 / 301 samta colony adarsha soc pant nagar ghatkopar east

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

Telephone no.:	Mobile no: 918291463919	Email : krutikagovekar2000@gmail.com
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DOB: Feb 15, 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: 0235767 (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):

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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Pooja

PRN: 2017016400845066	Eligibility Status: Eligible	Examination form No.: 029447 	Division/Section: C	Roll No.: 214
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BERA POOJA MURJI	Mother's Name: GANGABEN	Gender: Female
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Name in Vernacular Language: GUJRATI

Address: LAXMI PROVISION STORE ,NEAR SHIV SENA SHAKA, DONGRIPADA, GB ROAD THANE,400607

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400607

Telephone no.:	Mobile no: 919819923186	Email : poojabera99@gmail.com
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DOB: Oct 07, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235621 (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

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



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Signature

PRN: 2017016400845074	Eligibility Status: Eligible	Examination form No.: 029448 	Division/Section: F	Roll No.: 701
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAWAR SHIVAM MANSINGH	Mother's Name: SUNITA	Gender: Male
----------------------------------------------	-----------------------	--------------

Name in Vernacular Language: पवार शिवम मानसिंग

Address: NEAR SAI BABA MANDIR, WAGHOBA NAGAR, KALWA EAST GUPTA RATIWALA CHAWL THANE

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

Telephone no.:	Mobile no: 919867852560	Email : shivampawar562@gmail.com
----------------	-------------------------	----------------------------------

DOB: Aug 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: 0236016 (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: 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: 2017016400845124	Eligibility Status: Eligible	Examination form No.: 029449 	Division/Section: F	Roll No.: 723
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH KHUSHI DHIRAJ	Mother's Name: NIRMALA	Gender: Female
-------------------------------------------	------------------------	----------------

Name in Vernacular Language: शहाे कुशुी धीरज

Address: 303,shanti palace,veer savarkar marg,opp st.john school, charai ,thane west 303,shanti palace,Veer savarkar marg, opp st.john school charai thane west

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

Telephone no.: 25419302	Mobile no: 918097239257	Email : kshah7870@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: 0236104 (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:		

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

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



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PRN: 2017016400845194	Eligibility Status: Eligible	Examination form No.: 029450 	Division/Section: F	Roll No.: 699
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATIL OJAS DAYANAND	Mother's Name: DEEPA	Gender: Male
--------------------------------------------	----------------------	--------------

Name in Vernacular Language: पाटील ओजस DAYANAND

Address: c-2 type building no 19, room no 04, ground floor, sector 16, vashi, navi mumbai 400703

City: vashi, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703

Telephone no.:	Mobile no: 918268675092	Email : PATILOJAS47@GMAIL.COM
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DOB: Dec 11, 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: 0236006 (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):

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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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Turaidar

PRN: 2017016400845244	Eligibility Status: Eligible	Examination form No.: 029451 	Division/Section: E	Roll No.: 556
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TURAI DAR ANUSHKA BASAVRAJ	Mother's Name: LEENA	Gender: Female
---------------------------------------------------	----------------------	----------------

Name in Vernacular Language: तुराईदार अनुष्का बसवराज

Address: C5, Bhanu Nagar, Opp. PP Chambers Bhagat Singh Road

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

Telephone no.: Mobile no: 919967722927 Email : anushkaturaidar99@gmail.com

DOB: Jul 08, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236209 (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

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



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PRN: 2017016400845252	Eligibility Status: Eligible	Examination form No.: 029452 	Division/Section: C	Roll No.: 220
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI JAI DHANJI	Mother's Name: RAMILA	Gender: Male
----------------------------------------------	-----------------------	--------------

Name in Vernacular Language: भानुशाली जय धनंजय

Address: a/10,guru samarth krupa behind apurva hospital dombivali(West)

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

Telephone no.:	Mobile no: 919769922819	Email : bhanushali.jai12@gmail.com
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DOB: May 07, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235629 (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):

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:

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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Rohan

PRN: 2017016400845267	Eligibility Status: Eligible	Examination form No.: 029453 	Division/Section: A	Roll No.: 105
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SUTAR ROHAN ASHOK	Mother's Name: JYOTEE	Gender: Male
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Name in Vernacular Language: सुतार रोहन अशोक

Address: ksausar miya chawl, gandhi nagar jarimari kurla

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

Telephone no.:	Mobile no: 918452035563	Email : sutarrohan004@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: 0236180 (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):

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

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PRN: 2017016400845275	Eligibility Status: Eligible	Examination form No.: 029454 	Division/Section: C	Roll No.: 202
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHUSHI RAJA ADUYA	Mother's Name: MEETA	Gender: Female
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Name in Vernacular Language: KHUSHI

Address: A 21 MAHAPARISHAD M.G.ROAD,MULUND WEST

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

Telephone no.:	Mobile no: 918080202534	Email : khushiadua22@gmail.com
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DOB: Sep 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: 0235599 (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):

<p>To, The Controller of Examination,</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: Vidyavihar</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: 2017016400845317	Eligibility Status: Eligible	Examination form No.: 029455 	Division/Section: E	Roll No.: 577	
Instruction Medium:			Nationality: India		

Student's Personal Information		
Student's Name: MOHAMMED AFROZ ALAM	Mother's Name: MUSAMMAT FIRDOUS	Gender: Male
Name in Vernacular Language: MOHAMMED AFROZ ALAM		
Address: RM.1005,FLOOR.10, C-WING, BLDG NO.5, HDIL COMPLEX,OPP KOHINOOR HOSPITAL, KURLA(WEST) MUMBAI.400070		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070		
Telephone no.:	Mobile no: 919619659703	Email : AFROZALAM.BVA@GMAIL.COM
DOB: Sep 10, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235594 (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

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



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HK Shah

PRN: 2017016400845325	Eligibility Status: Eligible	Examination form No.: 029456 	Division/Section: F	Roll No.: 720
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: SHAH HETVI KALPESH	Mother's Name: MITTAL	Gender: Female
Name in Vernacular Language: SHAH HETVI KALPESH		
Address: FLAT NO. 4, KAMLESH BUILDING, KASTURBA ROAD MULUND (WEST)		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080		
Telephone no.: 25671591	Mobile no: 918879844996	Email : hetvi1307@gmail.com
DOB: Sep 07, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236101 (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:
Center Preference (Code/Name):		Bank:
Venue Preference (Code/Name):		

<p>To, The Controller of Examination,</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: Vidyavihar</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:		



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Prajakta

PRN: 2017016400845333	Eligibility Status: Eligible	Examination form No.: 029457 	Division/Section: C	Roll No.: 261
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DEVKAR PRAJAKTA TUKARAM	Mother's Name: ANITA	Gender: Female
------------------------------------------------	----------------------	----------------

Name in Vernacular Language: देवकर प्राजक्ता तुकाराम

Address: Room no A-376 Sec-2 Airoli Navi Mumbai

City: Navi Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400708

Telephone no.:	Mobile no: 917738108621	Email : prajaktadevkar111099@gmail.com
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DOB: Oct 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: 0235705 (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):

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: 2017016400845364	Eligibility Status: Eligible	Examination form No.: 029458 	Division/Section: B	Roll No.: 133	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAUDHARI HEMANT RAJENDRA	Mother's Name: KALPANA	Gender: Male
--------------------------------------------------	------------------------	--------------

Name in Vernacular Language: चौधरी हेमंत राजेंद्रा

Address: c/102, sainath apartment ghodbunder road behind hypercity mall kasarvadavali, thane, west

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400615

Telephone no.:	Mobile no: 918655699326	Email : hemantchaudhari0703@gmail.com
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DOB: Jul 14, 1999	Category: Reserved (ST)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235663 (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
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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>To, The Controller of Examination,</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: 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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400845372	Eligibility Status: Eligible	Examination form No.: 029459 	Division/Section: D	Roll No.: 365	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KONDVILKAR PRAFUL YASHWANT	Mother's Name: YAMINI	Gender: Male
---------------------------------------------------	-----------------------	--------------

Name in Vernacular Language: Praful Yashwant Kondvilkar

Address: Room no.4 Chawl no. D,Khanderao Nagar,Mithbunder road,Thane(e) Room no.4 Chawl no. D,Khanderao Nagar,Mithbunder road,Thane(e) Room no.4 Chawl no. D,Khanderao Nagar,Mithbunder road,Thane(e)

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400603

Telephone no.:	Mobile no: 919833387850	Email : prafulkondvilkar@gmail.com
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DOB: Nov 29, 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: 0235885 (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:

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. D. Bhatt

PRN: 2017016400845387	Eligibility Status: Eligible	Examination form No.: 029460 	Division/Section: A	Roll No.: 14
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHATT PAREEN DEEPAK	Mother's Name: PALLAVI	Gender: Male
--------------------------------------------	------------------------	--------------

Name in Vernacular Language: **परेण दीपाक**

Address: 601, KRISHNA KUNJ NO 3 TAMBE NAGAR, SN ROAD MULUND WEST

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

Telephone no.: 25684968	Mobile no: 919930615586	Email : pbhatt5n@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: 0235648 (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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	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: 2017016400845414	Eligibility Status: Eligible	Examination form No.: 029461 	Division/Section: E	Roll No.: 561
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VERMA ANJALI DURGASHANKAR	Mother's Name: USHADEVI	Gender: Female
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Name in Vernacular Language: वर्मा अंजली दुर्गाशंकर

Address: ROOM NO 601 E WING BABA VIHAR NEHRU NAGAR

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400024

Telephone no.:	Mobile no: 918369927053	Email : vermaanjali676@gmail.com
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DOB: Aug 09, 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: 0236221 (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):

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

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N. Ashwin ..

PRN: 2017016400845445	Eligibility Status: Eligible	Examination form No.: 029462 	Division/Section: A	Roll No.: 62
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NAIR ASHWIN SREEKUMAR	Mother's Name: REMA	Gender: Male
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Name in Vernacular Language: नायर अश्विन श्रीकुमार

Address: FAM CHS LTD, FLAT NO.302, BLDG NO.2 PLOT NO.19/19-A SEC-11, BONKODE

City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400709

Telephone no.:	Mobile no: 919867184434	Email : ashwinkannanremalathanair@gmail.com
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DOB: Aug 31, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236296 (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):

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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PRN: 2017016400845461	Eligibility Status: Eligible	Examination form No.: 029463 	Division/Section: A	Roll No.: 48	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN SHEEFABANO JAMIL	Mother's Name: SHABNAM	Gender: Female
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Name in Vernacular Language: खान शिफाबानो जमील

Address: SEWA NAGAR, PESTOM SAGAR ROAD NO. 4 CHEMBUR

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

Telephone no.:	Mobile no: 919619690963	Email : ATOZSCRAPES@YAHOO.CO.IN
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DOB: Feb 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: 0236278 (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):

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

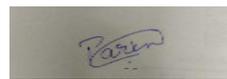
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PRN: 2017016400845484	Eligibility Status: Eligible	Examination form No.: 029464 	Division/Section: D	Roll No.: 364	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KOKA PARIN PRAKASH	Mother's Name: HARSHA	Gender: Male
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Name in Vernacular Language: Parin

Address: PLOT NO 65/32, WARD 4/B NEAR EXCELSIOR SCHOOL, ADIPUR, KUTCH

City: ADIPUR, Taluka: Gandhidham, District: Kachchh, State: Gujarat, PIN: 370205

Telephone no.:	Mobile no: 917405444625	Email : parinkoka1999@gmail.com
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DOB: Nov 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: 0235883 (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):

<p>To, The Controller of Examination,</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: Vidyavihar</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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PRN: 2017016400845503	Eligibility Status: Eligible	Examination form No.: 029465 	Division/Section: B	Roll No.: 197	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SIDDIQUE ADNAN IKRAR	Mother's Name: FARZANA	Gender: Male
---------------------------------------------	------------------------	--------------

Name in Vernacular Language: सिद्दीकी अदनान इकरार

Address: BHOLA DATTA CHAWL NSS ROAD ASALFA VILLAGE GHATKOPAR WEST

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

Telephone no.:	Mobile no: 918268275194	Email : siddiqueadnan33@gmail.com
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DOB: Dec 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: 0236159 (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):

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: 2017016400845534	Eligibility Status: Eligible	Examination form No.: 029466 	Division/Section: C	Roll No.: 250	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHHEDA ADITI KETAN	Mother's Name: KAVITA	Gender: Female
Name in Vernacular Language: Aditi		
Address: 403, PRINCE TOWER LBS MARG GHATKOPAR WEST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 919930270456	Email : aditichheda5@gmail.com
DOB: Sep 27, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235680 (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):

<p>To, The Controller of Examination,</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: Vidyavihar</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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400845542	Eligibility Status: Eligible	Examination form No.: 029467 	Division/Section: E	Roll No.: 510
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: SHARMA ANJALI RAJENDRA	Mother's Name: YOGITA	Gender: Female

Name in Vernacular Language: अंजली

Address: Flat no:9 , vipul co.op. housing society, sector-2 , near priyanka hotel ,opp. apex solutions, Airoli , Navi Mumbai-400708.

City: mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400708

Telephone no.: Mobile no: 919594203575 Email : anjalirsharma010499@gmail.com

DOB: Apr 01, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236132 (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:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p>To, The Controller of Examination,</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: 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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400845557	Eligibility Status: Eligible	Examination form No.: 029468 	Division/Section: E	Roll No.: 498
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH PRATIKSHA KHUSHAL	Mother's Name: ALKA SHAH	Gender: Female
-----------------------------------------------	--------------------------	----------------

Name in Vernacular Language: प्रतीक्षा खुशल शाह

Address: c4/506 LOK EVEREST J.S.D. ROAD, MULUND WEST MUMBAI-400080

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

Telephone no.:	Mobile no: 918451999828	Email : pratikshashah587@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: 0236110 (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):

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

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Sneha

PRN: 2017016400845607	Eligibility Status: Eligible	Examination form No.: 029469 	Division/Section: E	Roll No.: 540
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TALLA SNEHA RAMESH	Mother's Name: TEJASWINI	Gender: Female
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Name in Vernacular Language: TALLA स्नेहा रमेश

Address: room no 602 A WING KARMA SANKALP BLD 7TH ROAD RAJAWADI

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

Telephone no.:	Mobile no: 918655123545	Email : snehatala09@gmail.com
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DOB: Dec 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: 0236183 (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):

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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Pandit

PRN: 2017016400845615	Eligibility Status: Eligible	Examination form No.: 029470 	Division/Section: F	Roll No.: 688
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANDIT PREETI DEVDATTA	Mother's Name: SHEETAL	Gender: Female
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Name in Vernacular Language: पंडित प्रीती देवदाता

Address: SHATABDI SOCIETY, SIDDHARTH COLONY DHANU PANDIT, CHAWL NO.37 CHEMBUR

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

Telephone no.:	Mobile no: 918586502010	Email : kbkasare@gmail.com
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DOB: Jul 01, 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: 0236302 (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: 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: 2017016400845631	Eligibility Status: Eligible	Examination form No.: 029471 	Division/Section: D	Roll No.: 458
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: PATEL KUNAL NANJI	Mother's Name: JASU	Gender: Male
Name in Vernacular Language: પટેલ કુનલ નાનજી		
Address: 205,GURU NIWAS KISAN NAGAR 2, WAGALE ESTATE THANE		
City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604		
Telephone no.:	Mobile no: 918450931832	Email : kp5075731@gmail.com
DOB: May 29, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235989 (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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KARAN KUMAR

PRN: 2017016400845646	Eligibility Status: Provisional	Examination form No.: 029472 	Division/Section: E	Roll No.: 576
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KARAN KUMAR BHASKAR KUMAR	Mother's Name: KALPANA	Gender: Male
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Name in Vernacular Language: करन कुमार

Address: ROOM NUMBER-1, 175 OLD BARRACK OPPOSITE MS BUILDING NUMBER-26 CHEMBUR COLONY

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400074

Telephone no.:	Mobile no: 919997861133	Email : kk4355035@gmail.com
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DOB: Nov 29, 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: 0235593 (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):

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: 2017016400845727	Eligibility Status: Eligible	Examination form No.: 029473 	Division/Section: B	Roll No.: 173
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BISHT GUNJAN GOVIND SINGH	Mother's Name: RAJANI	Gender: Female
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Name in Vernacular Language: बिष्ट गुंजन गोविन्द सिंह

Address: C - 302, PURPLE BERRY, MULBERRY MEADOWS GODREJ HILL, KHADAKPADA KALYAN WEST

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

Telephone no.:	Mobile no: 917208753041	Email : GUNJANBISHT72@GMAIL.COM
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DOB: Jan 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236257 (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):

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: 2017016400845766	Eligibility Status: Eligible	Examination form No.: 029474 	Division/Section: C	Roll No.: 234	U.R. Borle
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BORLE UJWAL RAMESH	Mother's Name: SHARDA	Gender: Male
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Name in Vernacular Language: बोर्ले उज्वल रमेश

Address: C/13 PANCHGANGA C.H.S SHIVAJI NAGAR 2nd RABODI

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

Telephone no.:	Mobile no: 919867008170	Email : ujwal.borle28@gmail.com
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DOB: Jun 17, 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: 0235652 (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):

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: 2017016400845782	Eligibility Status: Eligible	Examination form No.: 029475 	Division/Section: D	Roll No.: 441
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: QURESHI HASHIM PEER MOHAMMED	Mother's Name: AAFIYA	Gender: Male
-----------------------------------------------------	-----------------------	--------------

Name in Vernacular Language: Qureshi Hashim

Address: Chawl no 8 room no 7, group no 2 vikhroli east tagore nagar mumbai 400083

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

Telephone no.:	Mobile no: 917303798429	Email : hashimqureshi26@gmail.com
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DOB: Jun 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: 0236033 (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):

<p>To, The Controller of Examination,</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: Vidyavihar</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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S. K. Somaiya College of Arts, Science and Commerce (540)

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Bhanu

PRN: 2017016400845832	Eligibility Status: Eligible	Examination form No.: 029476 	Division/Section: C	Roll No.: 217
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: BHANUSHALI BHAVIN SHANKARLAL	Mother's Name: YASHODA	Gender: Male
Name in Vernacular Language: भानुशाली भाविन शंकरलाल		
Address: 05 , 1ST FLOOR SHIV SHANTI SADAN , TUKARAM NAGAR AYRE ROAD		
City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 918879180697	Email : bhavinbhanushali2000@gmail.com
DOB: Jan 07, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235626 (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

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



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Meet.K.

PRN: 2017016400845863	Eligibility Status: Eligible	Examination form No.: 029477 	Division/Section: C	Roll No.: 256
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DAND MEET KIRIT PRITI	Mother's Name: PRITI	Gender: Male
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Name in Vernacular Language: दंड मीत किरिट प्रिती

Address: B/14, Jagannath Niwas Shastrinagar, LBS Marg

City: bhandup, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078

Telephone no.: Mobile no: 918454004919 Email : heenamomaya11@gmail.com

DOB: Nov 03, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235694 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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Umesh

PRN: 2017016400845871	Eligibility Status: Eligible	Examination form No.: 029478 	Division/Section: D	Roll No.: 420
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL UMESH PREMJI	Mother's Name: JAYSHREE	Gender: Male
-------------------------------------------	-------------------------	--------------

Name in Vernacular Language: UMESH

Address: A/603,PANCHRATNA CHS N.S.S ROAD

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

Telephone no.:	Mobile no: 917506050912	Email : upatel9820@gmail.com
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DOB: Sep 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: 0235996 (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

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



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Krishna

PRN: 2017016400845913	Eligibility Status: Eligible	Examination form No.: 029479 	Division/Section: C	Roll No.: 223
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI KRISHNA JAYANTILAL	Mother's Name: JAMNA	Gender: Female
------------------------------------------------------	----------------------	----------------

Name in Vernacular Language: भानुशाली कृष्णा जयंतीलाल

Address: ROOM NO. 314 SHINDE CHAWL AZAD NAGAR GHATKOPAR WEST 400086

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

Telephone no.:	Mobile no: 919820252946	Email : bhadrakrishna45@gmail.com
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DOB: Nov 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: 0235632 (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):

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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PRN: 2017016400845921	Eligibility Status: Eligible	Examination form No.: 029480 	Division/Section: F	Roll No.: 767	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KAYDAN RAHUL RAJBIR	Mother's Name: RAJKUMARI	Gender: Male
--------------------------------------------	--------------------------	--------------

Name in Vernacular Language: कायदान राहुल राजबीर

Address: A/404, gardenia, prestige residency, waghbil naka, G B road,

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400613

Telephone no.:	Mobile no: 919930752127	Email : rahulkaydan9@gmail.com
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DOB: Sep 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: 0235859 (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: 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: 2017016400845944	Eligibility Status: Eligible	Examination form No.: 029481 	Division/Section: D	Roll No.: 384	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MUDE SAMIDHA PRAVIN	Mother's Name: SMITA	Gender: Female
--------------------------------------------	----------------------	----------------

Name in Vernacular Language: मुडे समिधा प्रवीण

Address: 502, Fortuna A, lodha paradise, majiwada, thane west 502, Fortuna A, lodha paradise, majiwada, thane west 502, Fortuna A, lodha paradise, majiwada, thane west

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

Telephone no.:	Mobile no: 919967291778	Email : samidhamude@gmail.com
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DOB: Jun 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: 0235930 (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):

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: 2017016400845952	Eligibility Status: Eligible	Examination form No.: 029482 	Division/Section: D	Roll No.: 382
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MORE DIKSHITA ANIL	Mother's Name: SUSHMA	Gender: Female
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Name in Vernacular Language: DIKSHITAA

Address: 5A/38,NABARD STAFF QTRS DAMODAR PARK LBS ROAD

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

Telephone no.:	Mobile no: 917045395403	Email : dikshitamore2@gmail.com
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DOB: Dec 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: 0235924 (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):

<p>To, The Controller of Examination,</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: Vidyavihar</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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Jagdish

PRN: 2017016400846007	Eligibility Status: Eligible	Examination form No.: 029483 	Division/Section: C	Roll No.: 292
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GOPALE JAGDISH DNYANDEO	Mother's Name: RANJANA	Gender: Male
------------------------------------------------	------------------------	--------------

Name in Vernacular Language: जगदीश जानदेव गोपाळे

Address: C-363, SECTOR-2 AIROLI NAVI MUMBAI

City: AIROLI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400708

Telephone no.:	Mobile no: 918692920300	Email : JAGDISHGOPALE1999@GMAIL.COM
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DOB: Jan 01, 1900	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235758 (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: 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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Nikesh

PRN: 2017016400846015	Eligibility Status: Eligible	Examination form No.: 029484 	Division/Section: F	Roll No.: 648
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JHAVERI NIKESH KETAN	Mother's Name: JULIE	Gender: Male
---------------------------------------------	----------------------	--------------

Name in Vernacular Language: जवरी निकेश केतन

Address: 271/2 KamalDeep OPP.SION HOSPITAL GATE NO.7 SION WEST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400022

Telephone no.: 24076120	Mobile no: 919699666592	Email : nikesh.k.jhaveri@gmail.com
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DOB: Mar 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: 0235831 (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: Vidyavihar
	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: 2017016400846062	Eligibility Status: Eligible	Examination form No.: 029485 	Division/Section: E	Roll No.: 509
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH UMMAIYA MUBARAK ALI	Mother's Name: RAZIYA	Gender: Female
---------------------------------------------------	-----------------------	----------------

Name in Vernacular Language: शेख उमैया मुबारक अली

Address: MOHAN SMRUTI BUILDING, ROOM NO. 4, GR. FLOOR, NEAR GUPTA OIL DEPO, KISAN NAGAR NO.2, ROAD NO.16, WAGLE ESTATE,

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

Telephone no.:	Mobile no: 918108769151	Email : PRAKASHKADAM121@GMAIL.COM
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DOB: Jun 03, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236131 (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):

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

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RAJKUMAR

PRN: 2017016400846077	Eligibility Status: Eligible	Examination form No.: 029486 	Division/Section: F	Roll No.: 682
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PABBATI RAJKUMAR KURMANNA	Mother's Name: INDIRAMMA	Gender: Male
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Name in Vernacular Language: పబ్బతి రాజ్ కుమార్ కుర్మాన్

Address: Galli No 3, Behind sarvodaya hospital, bhim nagar, ghatkopar (W) mumbai- 400086

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

Telephone no.:	Mobile no: 918779816807	Email : mallikarjunpabbati22@gmail.com
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DOB: May 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: 0235944 (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: 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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400846085	Eligibility Status: Eligible	Examination form No.: 029487 	Division/Section: E	Roll No.: 505	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH SAAFIYA SAMIR	Mother's Name: SAIRA	Gender: Female
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Name in Vernacular Language: saafiya

Address: Room No 15 Pathan Colony Majid seth Chawl Bhandup(w) mumbai 400078 Room No 15 Pathan colony,majid Seth Chawl,Bhandup (w) Mumbai, 400078 Room No 15 Pathan Colony Majid Seth Chawl Bhandup(w) Mumbai 400078

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078

Telephone no.: 25943881	Mobile no: 918383022717	Email : shaikhsafi231@gmail.com
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DOB: Feb 23, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236127 (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:

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: 2017016400846093	Eligibility Status: Eligible	Examination form No.: 029488 	Division/Section: E	Roll No.: 555
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TRIPATHI KHUSHI RAMPRAKASH	Mother's Name: URMILA	Gender: Female
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Name in Vernacular Language: khushi

Address: house no. 214, 301/A wing arjun sagar building, old agra road ANJURPHATA, BHIWANDI

City: bhiwandi, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421305

Telephone no.:	Mobile no: 917040071480	Email : khushitripathi21@gmail.com
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DOB: Feb 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: 0236207 (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: 2017016400846197	Eligibility Status: Eligible	Examination form No.: 029489 	Division/Section: D	Roll No.: 416
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL KALPESH NARAYAN	Mother's Name: DAYA	Gender: Male
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Name in Vernacular Language: Kalpesh

Address: B/401, Ramkutir, CHS J.m road

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 917506985010	Email : kalpesh123298@gmail.com
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DOB: Oct 03, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235988 (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: 2017016400846232	Eligibility Status: Eligible	Examination form No.: 029490 	Division/Section: D	Roll No.: 445	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAJPUROHIT MANISHA BHARATSINGH	Mother's Name: SANTOSH	Gender: Female
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Name in Vernacular Language: राजपुरोहित मनीषा भारतसिंघ

Address: room no.9 ,chaitanyan nagar powai , mumbai 400076

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400076

Telephone no.:	Mobile no: 917045464062	Email : rajpurohitmanisha43@gmail.com
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DOB: Jul 01, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236042 (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):

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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PRN: 2017016400846263	Eligibility Status: Eligible	Examination form No.: 029491 	Division/Section: D	Roll No.: 397	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PALAV YADNESH NARAYAN	Mother's Name: LAXMI	Gender: Male
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Name in Vernacular Language: यज्ञेश

Address: ROOM NO-2 RAM NARESH SINGH CHAWL SAIVIHAR

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

Telephone no.: Mobile no: 919699520163 Email : yadneshpalav2000@gmail.com

DOB: Jul 08, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235951 (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

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



University of Mumbai, Mumbai

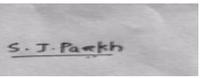
<http://mum.digitaluniversity.ac/>

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

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PRN: 2017016400846286	Eligibility Status: Eligible	Examination form No.: 029492 	Division/Section: D	Roll No.: 408
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SANYAM JATIN PAREKH	Mother's Name: RUPAL	Gender: Male
--------------------------------------------	----------------------	--------------

Name in Vernacular Language: संयम जतिन पारेख

Address: DEV AASHISH BUILDING 901/221,R.N.NARKAR MARG GHATKOPAR EAST

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

Telephone no.: 21020506	Mobile no: 919323484022	Email : rupaljat97@gmail.com
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DOB: Oct 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: 0235976 (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):

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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: 2017016400846336	Eligibility Status: Eligible	Examination form No.: 029493 	Division/Section: C	Roll No.: 307	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HARIYA SUNIL BHARAT	Mother's Name: JAYA	Gender: Male
--------------------------------------------	---------------------	--------------

Name in Vernacular Language: हरिया सुनील भरत

Address: K-402, NAVNEET NAGAR RESIDENTIAL COMPLEX NR. BHADRA COMPLEX, DESLE PADA,

City: DOMBIVALI EAST, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421203

Telephone no.:	Mobile no: 918080925432	Email : HARIYADHIREN27@GMAIL.COM
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DOB: Sep 24, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235790 (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):

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

Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016400846344	Eligibility Status: Eligible	Examination form No.: 029494 	Division/Section: E	Roll No.: 520	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHINDE TRUPTI RAJARAM	Mother's Name: NEETA	Gender: Female
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Name in Vernacular Language: शिंदे तृप्ती राजाराम

Address: ROOM NO 9, SAINATH SOCIETY GANESH NAGAR, PANCHKUTIR POWAI, MUMBAI 400076

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400076

Telephone no.: Mobile no: 918652170070 Email : truptishinde1999@gmail.com

DOB: Oct 23, 1999 Category: Reserved (NT-2 (NT-C)) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236153 (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

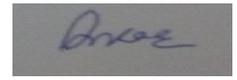
<http://mum.digitaluniversity.ac/>

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PRN: 2017016400846352	Eligibility Status: Eligible	Examination form No.: 029495 	Division/Section: C	Roll No.: 266
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DHURI ONKAR ANUP	Mother's Name: APEKSHA	Gender: Male
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Name in Vernacular Language: धुरी ऑंकार अनुप

Address: R.n.19,Bhuvad Chawl Shivaji Nagar, Tembhipada Road

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

Telephone no.:	Mobile no: 919821725661	Email : dhurionkar0@gmail.com
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DOB: May 03, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235712 (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):

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:

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: 2017016400846375	Eligibility Status: Eligible	Examination form No.: 029496 	Division/Section: E	Roll No.: 471	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAHANI MANISHA RADHESHYAM	Mother's Name: SUMITRA	Gender: Female
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Name in Vernacular Language: सहाणी मनीषा राधेश्याम

Address: ROOM NO 331 AGIWALE CHAWL BHOLA NAGAR KALWA EAST

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

Telephone no.:	Mobile no: 919004366989	Email : pooja.s9618@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: 0236054 (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):

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

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Partiya

PRN: 2017016400846417	Eligibility Status: Eligible	Examination form No.: 029497 	Division/Section: E	Roll No.: 562
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VISARIYA NAITRI NITIN	Mother's Name: NEETA	Gender: Female
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Name in Vernacular Language: विसरीया नाईट्री नीतिन

Address: 11,3RD FLOOR, BLUE NILE MAHATMA PHULE ROAD OOP.HINDUSTAN BANK

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

Telephone no.:	Mobile no: 918976725196	Email : naitri19visariya@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: 0236223 (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):

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

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PRN: 2017016400846425	Eligibility Status: Eligible	Examination form No.: 029498 	Division/Section: F	Roll No.: 769	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAISWAL ROHIT RAJESH	Mother's Name: MEERA	Gender: Male
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Name in Vernacular Language: रोहित

Address: 201, LAXMI NARAYAN APT, JONDHALI BAGH, MAKHMALI TALAV, THANE WEST

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

Telephone no.:	Mobile no: 918291179111	Email : rj13630@gmail.com
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DOB: Sep 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: 0235825 (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: 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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Ankita

PRN: 2017016400846441	Eligibility Status: Eligible	Examination form No.: 029499 	Division/Section: E	Roll No.: 562
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VIKAMSHI ANKITA BAHATHANSRAJ	Mother's Name: SANGITA	Gender: Female
-----------------------------------------------------	------------------------	----------------

Name in Vernacular Language: VIKAMSHI ANKITA BAHATHANSRAJ

Address: B-209 BHAGWATI KRUPA RAJAJI ROAD

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

Telephone no.:	Mobile no: 919819932251	Email : sangitabharatshah@gmail.com
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DOB: Nov 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: 0236222 (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):

<p>To, The Controller of Examination,</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: Vidyavihar</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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400846514	Eligibility Status: Eligible	Examination form No.: 029500 	Division/Section: C	Roll No.: 276
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GAIKWAD GANESH MOHAN	Mother's Name: AARATI	Gender: Male
---------------------------------------------	-----------------------	--------------

Name in Vernacular Language: गायकवाड गणेश माेहन

Address: ashtavinayak chawl no.2 room no.25 ramabai ambedkar nagar water tank road bhandup(w)

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

Telephone no.:	Mobile no: 919930371066	Email : gaikwadganesh2409@gmail.com
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DOB: Sep 24, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235729 (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):

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

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PRN: 2017016400846537	Eligibility Status: Eligible	Examination form No.: 029501 	Division/Section: E	Roll No.: 582	
Instruction Medium:			Nationality: India		

Student's Personal Information		
Student's Name: KARIA BHUMIKA RAJESH	Mother's Name: RUPA	Gender: Female
Name in Vernacular Language: कऱिया भुमिका राजेश		
Address: 404 sunrise yogi hills br road mulund {W}		
City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080		
Telephone no.:	Mobile no: 918108118989	Email : bhumikakaria74@gmail.com
DOB: Jul 26, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235852 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400846553	Eligibility Status: Eligible	Examination form No.: 029502 	Division/Section: E	Roll No.: 493	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH DENIL DEVEN	Mother's Name: VANDNA	Gender: Male
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Name in Vernacular Language: शाह डेनिल देवेन

Address: 3/402,RISHABH MENSION ABOVE DHANLAXMI BANK, S. V.ROAD GOREGAON WEST

City: MUMBAI, Taluka: Boriwali, District: Mumbai Suburban, State: Maharashtra, PIN: 400104

Telephone no.: 28757168	Mobile no: 918652071842	Email : denilshah24499@gmail.com
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DOB: Apr 24, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236096 (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:

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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Mamta

PRN: 2017016400846584	Eligibility Status: Eligible	Examination form No.: 029503 	Division/Section: C	Roll No.: 224
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: BHANUSHALI MAMTA ARVIND	Mother's Name: RANJANA	Gender: Female
Name in Vernacular Language: भमन्ता		
Address: Room no. 312 SHINDE CHAWL, AZADNAGAR GHATKOPAR (WEST)		
City: Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 919167711717	Email : mamtabhanushali008@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: 0235633 (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

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



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PRN: 2017016400846696	Eligibility Status: Eligible	Examination form No.: 029504 	Division/Section: F	Roll No.: 655	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KEVIN KENIA HIMANSHU	Mother's Name: BHARTI	Gender: Male
Name in Vernacular Language: Kevin		
Address: A/5 G.g road Dombivli (w)		
City: Kalyan, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202		
Telephone no.:	Mobile no: 919820460767	Email : kevinkenia8@gmail.com
DOB: Oct 12, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236276 (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:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p>To, The Controller of Examination,</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: Vidyavihar</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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Disha

PRN: 2017016400846715	Eligibility Status: Eligible	Examination form No.: 029505 	Division/Section: F	Roll No.: 685
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAMECHA DISHA VINODKUMAR	Mother's Name: CHETNA	Gender: Female
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Name in Vernacular Language: पामेचा दिशा विनोदकुमार

Address: 703/ TADMOR BLDG, SKYLINE OASIS, PREMIER ROAD, GHATKOPAR (W)

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

Telephone no.: 28517901 Mobile no: 918828350984 Email : DISHAPAMECHA0504@GMAIL.COM

DOB: Apr 05, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235953 (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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Jainam

PRN: 2017016400846746	Eligibility Status: Eligible	Examination form No.: 029506 	Division/Section: E	Roll No.: 592
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAINAM PRAKASHBHAI SHAH	Mother's Name: FALGUNIBEN	Gender: Male
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Name in Vernacular Language: जैनम प्रकाशभाई शाह

Address: 3/16,VAMAN APT. GOGRASSWADI

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

Telephone no.: Mobile no: 918879601061 Email : jainam5450@gmail.com

DOB: May 23, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236102 (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,

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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: 2017016400846793	Eligibility Status: Eligible	Examination form No.: 029507 	Division/Section: D	Roll No.: 453	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DODHIYA KHUSHAL NAVIN	Mother's Name: MUKTA	Gender: Male
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Name in Vernacular Language: दोंडिया खुशल नवीनचंद्र

Address: ARIHANT DHAM A WING 4TH FLOOR 401 DHAMANKAR NAKA

City: BHIWANDI, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421302

Telephone no.:	Mobile no: 917378628919	Email : KHUSHALDODHIYA99@GMAIL.COM
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DOB: Sep 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: 0235716 (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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PRN: 2017016400846804	Eligibility Status: Eligible	Examination form No.: 029508 	Division/Section: E	Roll No.: 491	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH AMIT RAMESHBHAI	Mother's Name: MEENABEN	Gender: Male
---------------------------------------------	-------------------------	--------------

Name in Vernacular Language: अमित रमेशभाई शाह

Address: room no.11 shiva chawl kisan nagar no.2 wagle estate

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

Telephone no.:	Mobile no: 919702544672	Email : amitshah2082000@gmail.com
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DOB: Aug 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: 0236093 (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>To, The Controller of Examination,</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: 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: 2017016400846874	Eligibility Status: Eligible	Examination form No.: 029509 	Division/Section: C	Roll No.: 297
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GOSWAMI VIDHI JITENDRA	Mother's Name: JYOTI	Gender: Female
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Name in Vernacular Language: गोस्वामी विधी JITENDRA

Address: B1/602, RITU WORLD BARRAGE ROAD BADLAPUR WEST

City: THANE, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421503

Telephone no.:	Mobile no: 918976235245	Email : vidhigoswami09@gmail.com
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DOB: Sep 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: 0235766 (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,

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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

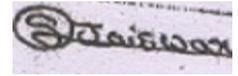
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S. K. Somaiya College of Arts, Science and Commerce (540)

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: 2017016400846932	Eligibility Status: Eligible	Examination form No.: 029510 	Division/Section: A	Roll No.: 42
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAISWAR SURYBHAN RAMU	Mother's Name: USHA DEVI	Gender: Male
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Name in Vernacular Language: जैस्वार सूर्यभान रामू

Address: dr babasaheb ambedkar nagar tagore nagar near ruby hospital group no 2, vikhroli east

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

Telephone no.:	Mobile no: 918108856026	Email : jaiswar.savita97@gmail.com
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DOB: Jun 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: 0236274 (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):

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: 2017016400846947	Eligibility Status: Eligible	Examination form No.: 029511 	Division/Section: D	Roll No.: 419
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL SHRADHA ASHVIN	Mother's Name: SNEHA	Gender: Female
---------------------------------------------	----------------------	----------------

Name in Vernacular Language: श्राद्ध अश्विन पटेल

Address: 801, LOTUS C.H.S PLOT NO. 6 SECTOR 20 KHARGHAR NAVI MUMBAI 410210

City: NAVI MUMBAI, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410210

Telephone no.:	Mobile no: 917021893835	Email : PATELSHRADHA2@GMAIL.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: 0235995 (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):

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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PRN: 2017016400846963	Eligibility Status: Eligible	Examination form No.: 029512 	Division/Section: E	Roll No.: 584
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KATARIA PAYAL MAHESH	Mother's Name: PRITI	Gender: Female
---------------------------------------------	----------------------	----------------

Name in Vernacular Language: Payal kataria

Address: Room no. 312 Azad nagar Ghatkopar west

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

Telephone no.:	Mobile no: 918080814250	Email : payalkataria99@gmail.com
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DOB: Mar 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: 0235856 (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):

<p>To, The Controller of Examination,</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: Vidyavihar</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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PRN: 2017016400847003	Eligibility Status: Eligible	Examination form No.: 029513 	Division/Section: D	Roll No.: 450
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GOMES JUSTUS JUDE	Mother's Name: MARINA	Gender: Male
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Name in Vernacular Language: गोमस जस्टस जूड

Address: House No-105, Village Ward 'B', Fr Peter Pereira Road Old Kurla (West), Mumbai-400070

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

Telephone no.:	Mobile no: 919029531329	Email : justusgomes.j@gmail.com
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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: 0235757 (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):

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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PRN: 2017016400847073	Eligibility Status: Eligible	Examination form No.: 029514 	Division/Section: B	Roll No.: 171	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: YERAM TANVI SHIRISH	Mother's Name: SHRADDHA	Gender: Female
--------------------------------------------	-------------------------	----------------

Name in Vernacular Language: येरं तन्वी शिरीष

Address: 602 B WING, SHIVSHRUSHTI NARDAS NAGAR BHANDUP WEST

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078

Telephone no.:	Mobile no: 919967231536	Email : tanviy290@gmail.com
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DOB: Sep 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: 0236243 (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):

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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Parab

PRN: 2017016400847096	Eligibility Status: Eligible	Examination form No.: 029515 	Division/Section: D	Roll No.: 403
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARAB SALONI SANTOSH	Mother's Name: SONAL	Gender: Female
---------------------------------------------	----------------------	----------------

Name in Vernacular Language: परब सलोनी संतोष

Address: x9/9,GODREJ CREEKSIDE COLONY VIKHROLI (EAST)

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400079

Telephone no.:	Mobile no: 918652254369	Email : parabsaloni3@gmail.com
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DOB: Aug 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: 0235968 (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):

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: 2017016400847115	Eligibility Status: Eligible	Examination form No.: 029516 	Division/Section: A	Roll No.: 21	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAVAN NIKHIL CHANDRAKANT	Mother's Name: SUCHITRA	Gender: Male
--------------------------------------------------	-------------------------	--------------

Name in Vernacular Language: chavan nikhil chandrakant

Address: near tiger apt. jai santoshi mata, vikas mandal, golibar road ghatkopar west

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

Telephone no.:	Mobile no: 917039213800	Email : chavanncc121@gmail.com
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DOB: Feb 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: 0235669 (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):

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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Anita

PRN: 2017016400847131	Eligibility Status: Eligible	Examination form No.: 029517 	Division/Section: B	Roll No.: 159
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANDA ANITA AKULKUMAR	Mother's Name: BINATI	Gender: Female
----------------------------------------------	-----------------------	----------------

Name in Vernacular Language: पांडा अनिता अकुलकुमार

Address: JAI AMBE MITRA MANDAL, OPP. MUNICIPAL SCHOOL, K.A. ROAD, SANDESH NAGAR, BAIL BAZAR KURLA (WEST)

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

Telephone no.: Mobile no: 918424989855 Email : akashpanda2602@gmail.com

DOB: Jun 12, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV (Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235961 (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:

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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PRN: 2017016400847185	Eligibility Status: Eligible	Examination form No.: 029518 	Division/Section: C	Roll No.: 240	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAUHAN SIDDHARTH SUNIL	Mother's Name: RENU	Gender: Male
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Name in Vernacular Language: चौहान सिद्धार्थ सुनील

Address: GANI SETH CHAWL ROOM NO.3 AMBEDKAR ROAD THANE (WEST)

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

Telephone no.:	Mobile no: 919004858780	Email : siddharthchauhan599@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: 0235667 (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):

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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PRN: 2017016400847212	Eligibility Status: Eligible	Examination form No.: 029519 	Division/Section: F	Roll No.: 761
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN YOGESH JHAMAKLAL	Mother's Name: MANJU	Gender: Male
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Name in Vernacular Language: जैन योगेश झमकलाल

Address: Room no 273, Bldg no 8, Nr sharda Mandir, Wadia Estate, Bail Bajar, Kurla (W) mumbai -400070

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

Telephone no.:	Mobile no: 919619240570	Email : jainyash2090@gmail.com
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DOB: Jan 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: 0235823 (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: 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)

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PRN: 2017016400847227	Eligibility Status: Eligible	Examination form No.: 029520 	Division/Section: E	Roll No.: 481
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: SAVLA KEVAL SHAILESH	Mother's Name: JAGRUTI	Gender: Male
Name in Vernacular Language: सावला केवल शैलेश		
Address: 288, 1/1 sagar nagar indrayani soc vikhroli parksite (w)		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079		
Telephone no.:	Mobile no: 918108234249	Email : kevalsavla59@gmail.com
DOB: Nov 24, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236076 (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

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



University of Mumbai, Mumbai

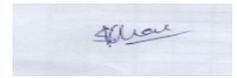
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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400847235	Eligibility Status: Eligible	Examination form No.: 029521 	Division/Section: B	Roll No.: 149
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN SOHAIB ALAM MOHD	Mother's Name: ZEENAT	Gender: Male
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Name in Vernacular Language: खान सोहेब आलम मोहद

Address: PANKEH SHAH BABA DARGAH AMINA BI CHAEL ROOM NO 10 GHATKOPAR- WEST

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

Telephone no.:	Mobile no: 918369055489	Email : SK1018137@GMAIL.COM
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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: 0235873 (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):

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

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Naziya

PRN: 2017016400847297	Eligibility Status: Eligible	Examination form No.: 029522 	Division/Section: F	Roll No.: 758
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: NAZIYA BANO MOHD WASE	Mother's Name: RABIYA KHATOON	Gender: Female
Name in Vernacular Language: NAZIYA BANO MOHD WASE		
Address: NEW RNA PARK BLDG NO 21 ROOM NO 704 A WING GOLDEN STAR SOCIETY VASHI NAKA VASHI NAKA CHEMBUR		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400074		
Telephone no.:	Mobile no: 918108997132	Email : VASIMANSARI791@GMAIL.COM
DOB: Apr 07, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)		Exam Event: Apr-2019
		Seat No: 564456 (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):

<p>To, The Controller of Examination,</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: 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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400847332	Eligibility Status: Eligible	Examination form No.: 029523 	Division/Section: A	Roll No.: 50	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: KOKATE GANEAH SANJAY SUVARNA	Mother's Name: SUVARNA	Gender: Male
Name in Vernacular Language: कोकाटे गणेश संजय सुवर्णा		
Address: Ahire chwal room no 2 St. Ulai road Lokmanya nagar pada no 4		
City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400606		
Telephone no.:	Mobile no: 918108033837	Email : kokateganesh444@gmail.com
DOB: Dec 22, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235884 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400847347	Eligibility Status: Eligible	Examination form No.: 029524 	Division/Section: B	Roll No.: 166
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH ZARA RAJ	Mother's Name: PUSHPA	Gender: Female
--------------------------------------	-----------------------	----------------

Name in Vernacular Language: शाह झरा

Address: 8 asif manzil, kabad ali opp. awaj radio ,charai

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

Telephone no.:	Mobile no: 919819177581	Email : zarashah231@gmail.com
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DOB: Mar 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: 0236117 (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):

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:		



University of Mumbai, Mumbai

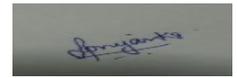
<http://mum.digitaluniversity.ac/>

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

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PRN: 2017016400847436	Eligibility Status: Eligible	Examination form No.: 029526 	Division/Section: B	Roll No.: 184
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: YADAV PRIYANKA JAGRAM	Mother's Name: RUPA	Gender: Female
----------------------------------------------	---------------------	----------------

Name in Vernacular Language: यादव प्रियांका जाग्रम

Address: room no B/9, jai maavindhavasni, netaji nagar, sakinaka, mumbai

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

Telephone no.:	Mobile no: 917303768981	Email : priyankajan52@gmail.com
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DOB: Jan 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: 0236239 (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:
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)

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PRN: 2017016400847467	Eligibility Status: Eligible	Examination form No.: 029527 	Division/Section: D	Roll No.: 351
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KASIYANI KUNJAL SANJAY	Mother's Name: RANJAN	Gender: Female
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Name in Vernacular Language: Kasiyani kunjall sanjay

Address: Suraj bali Chawl gupta compund Dr r.p road Near jawahar tokiz sanjay gandhi nagar

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

Telephone no.:	Mobile no: 919768444777	Email : kunjall09kasiyani@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: 0235854 (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: 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: 2017016400847475	Eligibility Status: Eligible	Examination form No.: 029528 	Division/Section: C	Roll No.: 222
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: BHANUSHALI KHUSHBOO DAMJI VIDYABEN	Mother's Name: VIDYABEN	Gender: Female
Name in Vernacular Language: भानुशाली खुशबू दामजी विद्याबेन		
Address: 301, BHIMNATH BUILDING NO. 7, 3RD FLOOR 90 FEET ROAD, MOHILI VILLAGE NEAR SHETHIYA NAGAR, SAKINAKA		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072		
Telephone no.:	Mobile no: 919867734475	Email : kinju.bhanu@gmail.com
DOB: Nov 26, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235631 (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:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p>To, The Controller of Examination,</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: Vidyavihar
	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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Tanmayee

PRN: 2017016400847483	Eligibility Status: Eligible	Examination form No.: 029529 	Division/Section: C	Roll No.: 233
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHOSALE TANMAYEE SURESH	Mother's Name: VARIJA	Gender: Female
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Name in Vernacular Language:HINDU

Address: Room no. 6 being buliding no. 109 Nehru Nagar kurla east Mumbai 400024 Room no. 6 being buliding no. 109 Nehru Nagar kurla east Mumbai 400024 Room no. 6 being buliding no. 109 Nehru Nagar kurla east Mumbai 400024

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400024

Telephone no.:	Mobile no: 917715082973	Email : tanvibhosale931@gmail.com
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DOB: Jul 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: 0235650 (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:		
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: 2017016400847595	Eligibility Status: Eligible	Examination form No.: 029530 	Division/Section: B	Roll No.: 135
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DOSHI JAI JINESH	Mother's Name: SHEETAL	Gender: Male
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Name in Vernacular Language: JAI

Address: C/605, Kukreja Palace, Vallabh Baug Lane, Ghatkopar (E)

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

Telephone no.: 25060124	Mobile no: 919029821469	Email : jaidoshi1999@gmail.com
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DOB: May 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: 0235718 (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
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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>To, The Controller of Examination,</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: Vidyavihar</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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C. Dimpal

PRN: 2017016400847606	Eligibility Status: Eligible	Examination form No.: 029531 	Division/Section: F	Roll No.: 609
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAUDHARY DIMPAL DEVJIBHAI	Mother's Name: JASUBEN	Gender: Female
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Name in Vernacular Language: चौधरी दिम्पल देवजिभाई

Address: A/203, nakoda apt, lokmanya nagarr, pada no.-3, thane,jakegram thane, maharashtra

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400606

Telephone no.:	Mobile no: 918976797313	Email : dimpalchaudhary1505@gmail.com
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DOB: May 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: 0235664 (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: 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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Shraddha

PRN: 2017016400847645	Eligibility Status: Eligible	Examination form No.: 029532 	Division/Section: C	Roll No.: 246
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAVAN SHRADDHA RAJESH	Mother's Name: KAVITA	Gender: Female
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Name in Vernacular Language: चवठी

Address: Balsmruti bulding room no. 03 ayre gaon vijay nagar Dombivli East

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

Telephone no.: Mobile no: 919702010456 Email : chavanshraddha365@gmail.com

DOB: Jan 27, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235675 (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

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



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Divya

PRN: 2017016400847661	Eligibility Status: Eligible	Examination form No.: 029533 	Division/Section: C	Roll No.: 290
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GOHIL DIVYA DINESH	Mother's Name: NEETA	Gender: Female
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Name in Vernacular Language: ગોહિલ દિવ્યા દિનેશ

Address: Room no. 5 Ramwadi devi dayal road mulund (WEST)

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

Telephone no.:	Mobile no: 918689874358	Email : gohild07@gmail.com
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DOB: Oct 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: 0235753 (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):

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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Bhavik

PRN: 2017016400847676	Eligibility Status: Eligible	Examination form No.: 029534 	Division/Section: E	Roll No.: 613
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DAMA BHAVIK JETHALAL	Mother's Name: USHABEN	Gender: Male
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Name in Vernacular Language: दामा भविक जेठालाल

Address: a7,saket society subhash nagar ,asalpha ghatkopar(w),mumbai

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

Telephone no.: 5152008	Mobile no: 918080313424	Email : bhavikdama935@gmail.com
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DOB: Jun 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: 0236264 (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):

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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PRN: 2017016400847703	Eligibility Status: Eligible	Examination form No.: 029535 	Division/Section: C	Roll No.: 300	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GUPTA DURGESH JAIRAM	Mother's Name: MAYADEVI	Gender: Male
---------------------------------------------	-------------------------	--------------

Name in Vernacular Language: गुप्ता दुर्गेश जयराम

Address: NEAR RTO OFFICE 39/5/10 NETAJI SUBHASH NAGAR, OLD RAMABAI SAHAKAR NAGAR,

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

Telephone no.:	Mobile no: 919594226505	Email : dgj9594226505@gmail.com
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DOB: Oct 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: 0235772 (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>To, The Controller of Examination,</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: 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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Amisha

PRN: 2017016400847726	Eligibility Status: Eligible	Examination form No.: 029536 	Division/Section: D	Roll No.: 339
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAMDAR AMISHA ASHOK	Mother's Name: ASHWINI	Gender: Female
--------------------------------------------	------------------------	----------------

Name in Vernacular Language: जामदार अमिषा अशोक

Address: 11 ULHAS NIKETAN SOCIETY S.S ROAD LOKMANYA NAGAR BHANDUP (W) 400078

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

Telephone no.:	Mobile no: 919076129059	Email : AMISHAJAMDAR6@GMAIL.COM
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DOB: Jun 28, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235827 (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):

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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S. Singh

PRN: 2017016400847734	Eligibility Status: Eligible	Examination form No.: 029537 	Division/Section: D	Roll No.: 457
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGH SHARDA KALU SINGH	Mother's Name: SEETA	Gender: Female
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Name in Vernacular Language: सिंग शारदा कळू सिंग

Address: BR NAGAR NILESH MATRE CHAWL DIVA EAST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400612

Telephone no.:	Mobile no: 919769814101	Email : SHARDASINGH15@GMAIL.COM
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DOB: Aug 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: 0236166 (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: 2017016400847773	Eligibility Status: Eligible	Examination form No.: 029538 	Division/Section: E	Roll No.: 530
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SOLANKI SEJAL NARENDRA	Mother's Name: SHRUTI	Gender: Female
-----------------------------------------------	-----------------------	----------------

Name in Vernacular Language: सोळंकी सेजल नरेंद्र

Address: RAVI KIRAN SOC, MN ROAD, BAIL BAZAR, KURLA WEST

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

Telephone no.:	Mobile no: 919594538362	Email : sejalsolanki169@gmail.com
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DOB: May 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: 0236170 (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:

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: 2017016400847815	Eligibility Status: Eligible	Examination form No.: 029539 	Division/Section: B	Roll No.: 139
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GUPTA ROSHNI RAJESH	Mother's Name: POONAM	Gender: Female
--------------------------------------------	-----------------------	----------------

Name in Vernacular Language: ROSHNI

Address: ROOM NO 4 DURGA DEVI SOCIETY CHAITANYA NAGAR IIT MAINGATE

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400076

Telephone no.:	Mobile no: 918286300256	Email : rosh.cuteangel@gmail.com
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DOB: Feb 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235776 (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
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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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G. Ambekar

PRN: 2017016400847823	Eligibility Status: Eligible	Examination form No.: 029540 	Division/Section: A	Roll No.: 1
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AMBOKAR GAURI ARVIND	Mother's Name: VAISHANAVI	Gender: Female
---------------------------------------------	---------------------------	----------------

Name in Vernacular Language: आंबोकर गौरी अरविंद

Address: 5/22 Gaondevi Chhaya Chawl Reti bandar Cross Road NO.1 Nilkamal Bunglow

City: Dombivali, Taluka: Kalyan, District: , State: Maharashtra, PIN: 421202

Telephone no.:	Mobile no: 917738849314	Email : gauri.ambekar.56@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: 0236248 (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):

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: 2017016400847831	Eligibility Status: Eligible	Examination form No.: 029541 	Division/Section: D	Roll No.: 452	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN MANN HITESH	Mother's Name: GEETA	Gender: Male
-----------------------------------------	----------------------	--------------

Name in Vernacular Language: जैन

Address: 201,ATMABANDHU ARCADE KHARKARALI,THANE WEST NEAR,ABHISHEK HEIGHTS

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

Telephone no.:	Mobile no: 919969341479	Email : mann.jinx@gmail.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: 0235810 (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:

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: 2017016400847846	Eligibility Status: Provisional	Examination form No.: 029542 	Division/Section: C	Roll No.: 323	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ANAWADIA SONAMBEN SATISHKUMAR	Mother's Name: MANJULABEN	Gender: Female
------------------------------------------------------	---------------------------	----------------

Name in Vernacular Language: अनवद्या सोनबेन सतीशकुमार

Address: 503,5TH FLOOR, BANKAR BUILDING,G.V.SCHEME ROAD-2 NEAR,MULUND POST OFFICE

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400081

Telephone no.:	Mobile no: 919739107702	Email : PATELSONAM873@GMAIL.COM
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DOB: Oct 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: 0235605 (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):

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

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PRN: 2017016400847877	Eligibility Status: Eligible	Examination form No.: 029543 	Division/Section: E	Roll No.: 522	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHUKLA ADARSH RISHIKANT	Mother's Name: SUNITA	Gender: Male
------------------------------------------------	-----------------------	--------------

Name in Vernacular Language: शुक्ल आदर्श रिशीकांत

Address: 301,GANRAJ PALACE DINDAYAL CROSS ROAD THAKURWADI,DOMBIVLI WEST

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

Telephone no.:	Mobile no: 918828389855	Email : ADARSHSHUKLA012S@GMAIL.COM
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DOB: Nov 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: 0236156 (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):

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: 2017016400847904	Eligibility Status: Eligible	Examination form No.: 029544 	Division/Section: A	Roll No.: 118
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ANAND KANDHAN	Mother's Name: THILLAIMMAL	Gender: Male
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Name in Vernacular Language: आनंद खंडन

Address: RNO.-509, NELSON WADI, PATEL CHL, SHIVAJI NGR, JARIMARI, KURLA(W)

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

Telephone no.:	Mobile no: 919594090664	Email : ANANDKONAR73@GMAIL.COM
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DOB: Aug 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: 0235590 (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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	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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Shruti

PRN: 2017016400847912	Eligibility Status: Eligible	Examination form No.: 029545 	Division/Section: B	Roll No.: 191
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KAKADE SHRUTI CHANDRAKANT	Mother's Name: REKHA	Gender: Female
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Name in Vernacular Language: काकडे श्रुती चंद्रकांत

Address: behind sarvodaya hospital, bhimnagar, ghatkopar

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

Telephone no.:	Mobile no: 919594264332	Email : shrutikakade2000@gmail.com
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DOB: Jan 12, 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: 0235840 (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):

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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: 2017016400847966	Eligibility Status: Eligible	Examination form No.: 029546 	Division/Section: F	Roll No.: 694	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARMAR JASH SANJAY	Mother's Name: SHRADDHABEN	Gender: Male
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Name in Vernacular Language: परमार जसे संजय

Address: A 9, room no 103, shastri nagar, near ongc colony, vidyavihar East

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

Telephone no.:	Mobile no: 919869154148	Email : rajeshdvaishnav@gmail.com
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DOB: Oct 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: 0235978 (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):

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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:		