



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:

2017016400847982

Eligibility Status:

Eligible

Examination form No.:

029547



Division/Section:

F

Roll No.:

606



Instruction Medium:

Nationality:

India

Student's Personal Information

Student's Name:

BHANUSHALI NILAM DAMJI

Mother's Name: ARUNA

Gender: Female

Name in Vernacular Language: नौलम

Address: 3/3 Haji Kadar Chawl Chirag Nagar, Near Alpa Park Ghatkopar {W}

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

Telephone no.:

Mobile no: 918828196406

Email : neelambhanushali99@gmail.com

DOB: Apr 06, 1999

Category: Open

Physically Handicap: No

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

Exam Event: Apr-2019

Seat No: 0235637 (Status: Pass)

Exam form appearance type: Fresher

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

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

Convocation Fee

Exam Form Late Fee

Exam Form Super Late Fee

Examination Fees

Mark Statement Fee

Total:

Payment Details:

Amount Received:

College Receipt No. and Date:

DD No:

MICR No:

DD Date:

Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

Place:

Date:

College Staff Signature

Seal and Signature of
Principal/HOD/Chairperson



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PRN: 2017016400848014	Eligibility Status: Eligible	Examination form No.: 029548 	Division/Section: F	Roll No.: 611	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: CHOPRA SIMMIKAUR SUKHDEV	Mother's Name: SARBAJIT	Gender: Female
Name in Vernacular Language: चोपडा सिमिकौर सुखदेव		
Address: 14/b room no-206 shanti sadan sangarsh nagar chandivali andheri (east)		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072		
Telephone no.:	Mobile no: 918059070067	Email : simmi@gmail.com
DOB: Jan 10, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236261 (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

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



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PRN: 2017016400848022	Eligibility Status: Eligible	Examination form No.: 029549 	Division/Section: C	Roll No.: 249
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: CHHADAVA DARPAN MUKESH	Mother's Name: JIGNA	Gender: Male
Name in Vernacular Language: Darpan		
Address: 6/2nd floor ,Anand Bhavan Pathrali Road Dombivali		
City: Dombivali, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 919819029504	Email : darpan.chhadava@gmail.com
DOB: Aug 30, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235678 (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

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



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Pooja

PRN: 2017016400848037	Eligibility Status: Provisional	Examination form No.: 029550 	Division/Section: D	Roll No.: 321
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN POOJA RAJESH KUMAR	Mother's Name: BHAVANA	Gender: Female
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Name in Vernacular Language: जैन Jain

Address: A/8, The BSD GOVT SERVENTS CHS LTD, R C Marg, Prathamesh Bldg, Chembur

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

Telephone no.:	Mobile no: 919079030852	Email : pooja.jain.pj361@gmail.com
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DOB: Nov 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: 0235816 (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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P. P. Redekar

PRN: 2017016400848053	Eligibility Status: Eligible	Examination form No.: 029551 	Division/Section: E	Roll No.: 468
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: REDEKAR PRATHAMESH PARASU	Mother's Name: RENUKA	Gender: Male
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Name in Vernacular Language: रेडेकर प्रथमेश परशु

Address: 1/12 THOMAS TIXERA CHAWL PREAM NAGAR ROAD KANJUR MARG (EAST)

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

Telephone no.:	Mobile no: 918655282274	Email : redekarprathamesh154@gmail.com
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DOB: Nov 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: 0236050 (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:		



University of Mumbai, Mumbai

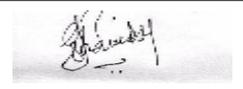
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PRN: 2017016400848103	Eligibility Status: Eligible	Examination form No.: 029552 	Division/Section: F	Roll No.: 729
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SHAIKH GULAFSHAN MOHAMMAD UMAR	Mother's Name: SHAH JAHAN	Gender: Female
Name in Vernacular Language: शेख गुल्फशन मोहम्मद उमर		
Address: ROOM NO 01 KANTHARIA TABELA MASJID COMPOUND JARIMARI KURLA WEST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072		
Telephone no.:	Mobile no: 918652386103	Email : shaikhg416@gmail.com
DOB: Mar 22, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236123 (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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PRN: 2017016400848126	Eligibility Status: Eligible	Examination form No.: 029553 	Division/Section: C	Roll No.: 262	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DHAMANSKAR SHUBHAM SANJAY	Mother's Name: POOJA	Gender: Male
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Name in Vernacular Language: धामणस्कर शुभम संजय

Address: AT POST WALANG VITTHALWADI TAL MAHAD

City: MAHAD, Taluka: Mahad, District: Raigad, State: Maharashtra, PIN: 402301

Telephone no.:	Mobile no: 919689491407	Email : SHUBBUD162@GMAIL.COM
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DOB: Mar 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: 0235706 (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):

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	Student's Signature

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Date:		



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PRN: 2017016400848134	Eligibility Status: Eligible	Examination form No.: 029554 	Division/Section: A	Roll No.: 35	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GUPTA VINAYAK ARUN	Mother's Name: JYOTI	Gender: Male
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Name in Vernacular Language: विनायक

Address: 301 B-12 MANSAROVAR VARALDEVI LAKE BHIWANDI

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

Telephone no.: Mobile no: 919689674165 Email : guptavinayak786@gmail.com

DOB: Sep 18, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235779 (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:
		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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Janki Oza

PRN: 2017016400848277	Eligibility Status: Eligible	Examination form No.: 029556 	Division/Section: A	Roll No.: 64
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: OZA JANKI LALMANI	Mother's Name: DHANADEVI	Gender: Female
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Name in Vernacular Language: ओझां जानकी लालमानी

Address: BLDG NO.1/201, NEAR FIRE BRIGADE, OPP SWASTIK INDUSTRIAL, B.K.C BANDRA EAST

City: mumbai, Taluka: Andheri, District: Mumbai Suburban, State: Maharashtra, PIN: 400051

Telephone no.: Mobile no: 918108844189 Email : radhaoza94@gmail.com

DOB: Dec 11, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235943 (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

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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J. A. Malde

PRN: 2017016400848312	Eligibility Status: Eligible	Examination form No.: 029557 	Division/Section: F	Roll No.: 670
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MALDE YASH ASHWIN	Mother's Name: SHEELA	Gender: Male
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Name in Vernacular Language: यश

Address: 1462, SIDDHACHAL APT A-302, KAMATGHAR ROAD, ANJURPHATA BHIWANDI, MAHARASHTRA

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

Telephone no.:	Mobile no: 919158834727	Email : maldeyash7@gmail.com
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DOB: Nov 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: 0235898 (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: 2017016400848351	Eligibility Status: Eligible	Examination form No.: 029558 	Division/Section: D	Roll No.: 424	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATIL ABHISHEK ANANT	Mother's Name: SUVARNA	Gender: Male
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Name in Vernacular Language: अभिषेक

Address: B-402, DEV DARSHAN BUILDING, UPTO BANK OF BARODA, STATION ROAD BHANDUP-WEST, MUMBAI-400078

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078
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Telephone no.:	Mobile no: 918652286135	Email : abhishepatil923@gmail.com
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DOB: Oct 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: 0236002 (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)
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA []
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA []
3	83013	Business Economics VI	Th-UA []
4	83014	Commerce VI	Th-UA []
5	83015	Direct and Indirect Taxation Paper II	Th-CA []
6	83016	Export Marketing Paper II	Th-CA []

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

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: 2017016400848366	Eligibility Status: Eligible	Examination form No.: 029559 	Division/Section: E	Roll No.: 514	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHELAR TEJASVI UMESH	Mother's Name: SUVARNA	Gender: Female
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Name in Vernacular Language: तेजस्वी उमेश शेलार

Address: ram nagar, lalbatti ,vishal gad housing society, ghatkopar west mumbai 400086

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

Telephone no.:	Mobile no: 919167090139	Email : Tejasvishelar40@gmail.com
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DOB: Sep 15, 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: 0236140 (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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Ukavla

PRN: 2017016400848382	Eligibility Status: Eligible	Examination form No.: 029560 	Division/Section: E	Roll No.: 483
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: SAVLA UMANG KETAN	Mother's Name: MAYURI	Gender: Male
Name in Vernacular Language: उमंग केतन सावला		
Address: B/36, CHHADVA NAGAR MATCH FACTORY LANE, KURLA WEST MUMBAI 400070		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070		
Telephone no.: 26508119	Mobile no: 919920111685	Email : umangsavla310@gmail.com
DOB: Dec 21, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236079 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400848397	Eligibility Status: Eligible	Examination form No.: 029561 	Division/Section: C	Roll No.: 302	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GUPTA SONALI RAJESH	Mother's Name: RAMSHREE	Gender: Female
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Name in Vernacular Language: गुप्ता सोनाली राजेश

Address: Room no. 14 Ramzan Bhavani Chawl, Sanghani Estate, Ghatkopar (West)

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

Telephone no.:	Mobile no: 918692824880	Email : guptasonali3012@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: 0235778 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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N.P. Iyer

PRN: 2017016400848424	Eligibility Status: Eligible	Examination form No.: 029562 	Division/Section: B	Roll No.: 142
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: IYER NIKITA PARSHURAM	Mother's Name: LATHA	Gender: Female
Name in Vernacular Language: NIKITA		
Address: B/111 VEENA APT, SHIV MANDIR ROAD, SHIV GANGA NAGAR, AMBERNATH, THANE, MAHARASHTRA		
City: mumbai, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421501		
Telephone no.:	Mobile no: 919823796932	Email : nikitagsg1@gmail.com
DOB: May 15, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235794 (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):

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

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PRN: 2017016400848536	Eligibility Status: Provisional	Examination form No.: 029563 	Division/Section: F	Roll No.: 667
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RISHIT NAYAN LAKHANI	Mother's Name: NISHA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: રીશીત નયન લાખણી
--

Address: 6 sahkar society gandevi road jamalpor

City: navsari, Taluka: Navsari, District: Navsari, State: Gujarat, PIN: 396445
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Telephone no.:	Mobile no: 919408185858	Email : sagarpoha@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: 0235891 (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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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: 2017016400848544	Eligibility Status: Eligible	Examination form No.: 029564 	Division/Section: E	Roll No.: 532
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SOLANKI VISHAL NARPAT	Mother's Name: LATA	Gender: Male
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Name in Vernacular Language: सोलंकी विशाल नरपत
--

Address: h1 15 room no 202 hillside IIT Powai

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400076
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Telephone no.:	Mobile no: 918879147527	Email : vishalsolanki707@gmail.com
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DOB: Nov 01, 1999	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236172 (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

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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Kanojiya

PRN: 2017016400848567	Eligibility Status: Eligible	Examination form No.: 029565 	Division/Section: D	Roll No.: 350
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: KANOJIYA JAYESH RAMCHANDRA	Mother's Name: SAVITRI	Gender: Male
Name in Vernacular Language: कनोजिया जयेश रामचंद्र		
Address: ROOM NO 5 DSOUZA HOUSE KIROI VILLAGE vidyavihar west		
City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 919819317863	Email : KANOJIYAJAYESH5@GMAIL.COM
DOB: Nov 14, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235847 (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: 2017016400848687	Eligibility Status: Eligible	Examination form No.: 029566 	Division/Section: C	Roll No.: 265	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VEDANT MAHENDRA DHONE	Mother's Name: NISHA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: वेदांत महेंद्र धोणे

Address: SHRI AMBICA APARTMENT CO-OP HOUSING SOCIETY FLAT NO-A 701,PLOT NO-10,SECTOR-42A SEAWOODS(WEST),NERUL,NAVI MUMBAI-400706

City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400706

Telephone no.: 27710626	Mobile no: 918424980077	Email : vedantdhone846@gmail.com
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DOB: Oct 20, 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: 0235711 (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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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2017016400848737	Eligibility Status: Eligible	Examination form No.: 029567 	Division/Section: D	Roll No.: 362
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHATRI NIKET MAHENDRA	Mother's Name: CHHAYA	Gender: Male
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Name in Vernacular Language: निकेत महेंद्र खात्री

Address: 02 SEETA NAGAR DUMPING ROAD MULUND WEST
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 919769407847	Email : Niketkhatri123@gmail.com
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DOB: Feb 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: 0235878 (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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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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Paruljha

PRN: 2017016400848792	Eligibility Status: Eligible	Examination form No.: 029568 	Division/Section: B	Roll No.: 198
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: OJHA PARUL DINESH	Mother's Name: MITHILESH	Gender: Female
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Name in Vernacular Language: ओझां पारूलदेवी दिनेश

Address: ROOM NO. 7, ZULEKHA BAI CHAWL, HALL ROAD KURLA WEST

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

Telephone no.:	Mobile no: 919699972060	Email : PARULOJHA65@GMAIL.COM
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DOB: May 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: 0235942 (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:		



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: 2017016400848857	Eligibility Status: Eligible	Examination form No.: 029569 	Division/Section: E	Roll No.: 574	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: YADAV SANJAYKUMAR HAUSHILAPRASAD	Mother's Name: SUSHILA	Gender: Male
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Name in Vernacular Language: यादव संजय कुमार हौशीला प्रसाद

Address: HANUMAN NAGAR WAGLE ESTATE ROAD NO 28 NEAR HANUMAN MANDIR

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

Telephone no.:	Mobile no: 918850875662	Email : HAUSHILAPRASAD42@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: 0236242 (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: 2017016400848865	Eligibility Status: Eligible	Examination form No.: 029570 	Division/Section: C	Roll No.: 304
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HADA JIGAR VIJAYSINH	Mother's Name: ARUNABA	Gender: Male
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Name in Vernacular Language: हाडा जिगर विजयसिंह

Address: 5,ASHABAI CHWAL NEAR SANTOSHI MATA TEMPLE OPP.RAJAI TOWER
--

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

Telephone no.:	Mobile no: 917039429242	Email : JIGARHADA@GMAIL.COM
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DOB: Dec 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: 0235782 (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:		



University of Mumbai, Mumbai

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

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PRN: 2017016400848931	Eligibility Status: Eligible	Examination form No.: 029571 	Division/Section: F	Roll No.: 607
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHARTI MAHIMA JAYPRAKASH	Mother's Name: VIMLA	Gender: Female
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Name in Vernacular Language: BHARTI MAHIMA JAYPRAKASH

Address: 1JANKI NIWAS CHAWK, TP ROAD BHANDUP WEST MUMBAI 400078 304, SATERI BUILDING VAIBHAV CHAWK TP ROAD BHANDUP WEST MUMBAI 400078

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

Telephone no.:	Mobile no: 918268676305	Email : mahimabharti08@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: 0235647 (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:

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

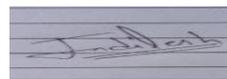
<http://mum.digitaluniversity.ac/>

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

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

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PRN: 2017016400848977	Eligibility Status: Eligible	Examination form No.: 029572 	Division/Section: A	Roll No.: 99
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHARMA INDLESH VIJAYNATH	Mother's Name: NIRMALA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: शर्मा इंदलश विजयनाथ
--

Address: P-28 MAHALAXMI CHAWL, WAGHOBANAGAR, SENT AGRSEN SCHOOL, KALWA EAST, THANE-400605

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

Telephone no.:	Mobile no: 919594975973	Email : INDLESHSHARMA990@GMAIL.COM
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DOB: Nov 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: 0236324 (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:

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: 2017016400849106	Eligibility Status: Eligible	Examination form No.: 029573 	Division/Section: F	Roll No.: 665	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KUBADIA FORUM NARENDRA	Mother's Name: RAJASHREE	Gender: Female
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Name in Vernacular Language: कुबादिया फोरम नरेंद्र

Address: Indradeep Society C/46 near gopal bhavan ghatkopar[west]

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

Telephone no.:	Mobile no: 919833567015	Email : Forum.kubadia.kk@gmail.com
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DOB: Oct 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: 0235888 (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: 2017016400849114	Eligibility Status: Eligible	Examination form No.: 029574 	Division/Section: B	Roll No.: 163	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PERVI RUTUJA PANDURANG	Mother's Name: KIRTI	Gender: Female
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Name in Vernacular Language: पेरवी ऋतुजा पांडुरंग

Address: 2, sinhgad chawl commity Utkarsh nagar Bhandup west
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City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078

Telephone no.:	Mobile no: 919768687546	Email : jpervi.jp@gmail.com
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DOB: Dec 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: 0236021 (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:

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: 2017016400849176	Eligibility Status: Eligible	Examination form No.: 029575 	Division/Section: C	Roll No.: 325
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: BHANUSHALI POOJA RAMESH	Mother's Name: VARSHA	Gender: Female
Name in Vernacular Language: BHANUSHALI POOJA RAMESH		
Address: ROOM N O11, ISHWAR KRUPA KOPAR CROSS ROAD DOMBIVALI WEST		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 421202		
Telephone no.:	Mobile no: 917039886030	Email : POOJABHANUSHALI1999@GMAIL.COM
DOB: Nov 04, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235639 (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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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: 2017016400849184	Eligibility Status: Eligible	Examination form No.: 029576 	Division/Section: C	Roll No.: 318
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: BHANUSHALI MANALI TULSIDAS	Mother's Name: KAMALA	Gender: Female
Name in Vernacular Language: BHANUSHALI MANALI TULSIDAS		
Address: 17 GOVIND SMRUTI SAKHARAM COMPLEX KOPAR CROSS ROAD, DOMBIVALI WEST		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 421202		
Telephone no.:	Mobile no: 919867263326	Email : GORIMANALI@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: 0235634 (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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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: 2017016400849203	Eligibility Status: Eligible	Examination form No.: 029577 	Division/Section: C	Roll No.: 218
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI CHETAN BHARAT	Mother's Name: PUSHPA	Gender: Male
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Name in Vernacular Language: Chetan

Address: 308,b wing,shetiya nagar,90ft road,sakinaka Ghatkopar(w)

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

Telephone no.:	Mobile no: 918767026535	Email : chetan.khaniya@gmail.com
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DOB: Jun 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: 0235627 (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)

Application Form for Examination of Summer Session 2020 event.

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Signature

PRN: 2017016400849234	Eligibility Status: Eligible	Examination form No.: 029578 	Division/Section: A	Roll No.: 34
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GAWADE OMKAR SUBHASH	Mother's Name: MANGAL	Gender: Male
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Name in Vernacular Language: गावडे ओमकार सुभाष

Address: KADAM CHAWL, SAI HILL, T.P. ROAD BHANDUP WEST

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

Telephone no.:	Mobile no: 919969213153	Email : omkargawade11111@gmail.com
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DOB: Jul 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: 0235749 (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: 2017016400849273	Eligibility Status: Eligible	Examination form No.: 029579 	Division/Section: E	Roll No.: 477
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SANAS VAIBHAVI BABAN	Mother's Name: CHHAYA	Gender: Female
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Name in Vernacular Language: **सैभवती**

Address: JAI BHAVANI JAGRUTI SOC., JAI MALAHAR NAGAR, GOLIBAR ROAD, GHATKOPAR (W), MUMBAI

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

Telephone no.:	Mobile no: 919769455896	Email : sonalkubal1999@gmail.com
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DOB: Oct 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: 0236069 (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)

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: 2017016400849281	Eligibility Status: Eligible	Examination form No.: 029580 	Division/Section: E	Roll No.: 469
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DIPALI LAXMAN RINGE SHITAL	Mother's Name: SHITAL	Gender: Female
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Name in Vernacular Language: दीपाली लक्ष्मण रिंगे शीतल

Address: Room No. 10, Om Sai Krupa Society, Seva Nagar, Jagdusha Nagar, Ghatkopar West Mumbai

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

Telephone no.: Mobile no: 919004040030 Email : vaishnav.malhar@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236051 (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:
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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Yashree

PRN: 2017016400849307	Eligibility Status: Eligible	Examination form No.: 029581 	Division/Section: D	Roll No.: 406
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARAB YASHSHREE SAHADEV	Mother's Name: SUCHITA	Gender: Female
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Name in Vernacular Language: पारब

Address: 8, Prabhu Niwas Chawl, J. M. Road, Sarvodaya Nagar. Bhandup (west)

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

Telephone no.:	Mobile no: 919987189635	Email : yashree29feb@gmail.com
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DOB: Feb 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235971 (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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R. Shetty

PRN: 2017016400849315	Eligibility Status: Eligible	Examination form No.: 029582 	Division/Section: A	Roll No.: 101
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHETTY RAKSHITHA RATHNAKAR	Mother's Name: SUMATHI	Gender: Female
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Name in Vernacular Language: रक्षिता

Address: Bldg No-194, Room No-7538, 'B' Wing, Kannamwar Nagar-2, Vikhroli (East), Mumbai-400083

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

Telephone no.:	Mobile no: 919004995286	Email : rakshithashetty03091999@gmail.com
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DOB: Sep 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: 0236325 (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: 2017016400849323	Eligibility Status: Eligible	Examination form No.: 029583 	Division/Section: E	Roll No.: 476
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SANAS PRIYANKA NAMDEV	Mother's Name: SHEVANTI	Gender: Female
Name in Vernacular Language: सणस प्रियांका नामदेव		
Address: DHUMAL CHAWL, ROOM NO. 77, SAINATH NAGAR, GOLIBAR ROAD, GHATKOPAR WEST, MUMBAI-400086		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 918108413345	Email : priyankasanas090@gmail.com
DOB: Aug 19, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236068 (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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Mayuri

PRN: 2017016400849331	Eligibility Status: Eligible	Examination form No.: 029584 	Division/Section: C	Roll No.: 281
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GALA MAYURI NAVIN	Mother's Name: JAYSHREE	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: MAYURI NAVIN GALA
--

Address: 4/5 vrundavan bhavan subhashnagar asalpha ghatkopar(west)
--

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

Telephone no.:	Mobile no: 918879843478	Email : mayurigala999@gmail.com
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DOB: Jul 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: 0235736 (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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Apoorva Dongare

PRN: 2017016400849346	Eligibility Status: Eligible	Examination form No.: 029585 	Division/Section: A	Roll No.: 32
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DONGARE APOORVA SUDHIR	Mother's Name: UJWALA	Gender: Female
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Name in Vernacular Language: अपूर्वा सुधीर dongare

Address: 5A/2 dongare usman sadan, parerawadi sakinaka, kurla, mumbai 400 072

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

Telephone no.:	Mobile no: 919699738822	Email : apoorvdongare1@gmail.com
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DOB: Mar 04, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236267 (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: 2017016400849354	Eligibility Status: Eligible	Examination form No.: 029586 	Division/Section: A	Roll No.: 38	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JADHAV RUTIKA DEEPAK	Mother's Name: ROHINI	Gender: Female
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Name in Vernacular Language: जाधव रुतिक दीपक

Address: 88/3092 shanti bhuvan chs nehru nagar ,dairy road

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

Telephone no.:	Mobile no: 919768931288	Email : ambika@gmail.com
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DOB: Apr 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: 0235800 (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):

<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: 2017016400849377	Eligibility Status: Eligible	Examination form No.: 029587 	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: ANSARI SHIFA NAAZ FAIZUL HAQUE	Mother's Name: SHAMIMA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: अन्सारी शिफा नाज़ फैज़ुल हक
--

Address: 502, WING-C GUL HASAN COMPLEX NEAR KURLA NURSING HOME PIPE ROAD KURLA WEST

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

Telephone no.:	Mobile no: 919220773039	Email : shifa170799@gmail.com
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DOB: Jul 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: 0235609 (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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Bhumika

PRN: 2017016400849385	Eligibility Status: Eligible	Examination form No.: 029588 	Division/Section: F	Roll No.: 647
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JETHVA BHUMIKA HARESH	Mother's Name: BHAVNA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: जेथव भूमिका हरेश

Address: LBS MARG PARSHIWADI ROOM NO. 2, VATSALABAI CHAWL,

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

Telephone no.:	Mobile no: 917045614461	Email : bhumijethva7858@gmail.com
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DOB: Jul 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: 0235829 (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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PRN: 2017016400849393	Eligibility Status: Eligible	Examination form No.: 029589 	Division/Section: E	Roll No.: 546
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR DEEP PRAKASH	Mother's Name: KALPANABEN	Gender: Male
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Name in Vernacular Language: ठक्कर दीप प्रकाश

Address: RAJESH BHUVAN BLDG., 4TH FLOOR, ROOM NO. 38, HIRA MOTI NAGAR, KISAN NAGAR NO. 2

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

Telephone no.:	Mobile no: 919773163649	Email : thakkardeep7777@gmail.com
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DOB: Jul 22, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236192 (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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Neel J Pithadia

PRN: 2017016400849404	Eligibility Status: Eligible	Examination form No.: 029590 	Division/Section: F	Roll No.: 702
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: PITHADIA NEEL JATIN	Mother's Name: VANDANA	Gender: Male
Name in Vernacular Language: पिठडिया नील जतीन		
Address: ROOM NO 16 SHIV SADAN CHS RAJAWADI ROAD GHATKOPAR EAST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077		
Telephone no.:	Mobile no: 918689811040	Email : neel.pithadia007@gmail.com
DOB: Dec 17, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236022 (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):

<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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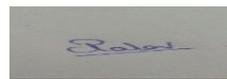
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PRN: 2017016400849412	Eligibility Status: Eligible	Examination form No.: 029591 	Division/Section: D	Roll No.: 396	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: PALAV CHINMAYI VIJAY	Mother's Name: VIBHA	Gender: Female
Name in Vernacular Language: CHINMAYI		
Address: 3/6, GUPTA CHAWL, GAMDEVI GAMDEVI ROAD, AMRUT NAGAR GHATKOPAR (W)		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 917738418697	Email : cpalav261@gmail.com
DOB: Oct 08, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235950 (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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Z-savla

PRN: 2017016400849451	Eligibility Status: Eligible	Examination form No.: 029592 	Division/Section: E	Roll No.: 484
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAVLA ZEAL GAUTAM	Mother's Name: PRAFULLA	Gender: Female
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Name in Vernacular Language: सावला झील गौतम

Address: ROOM NO.5, 1ST FL. VIVEK SOC., PHATAK WADI

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

Telephone no.:	Mobile no: 919920801772	Email : zealsavla123@gmail.com
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DOB: Feb 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: 0236080 (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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Humera

PRN: 2017016400849466	Eligibility Status: Eligible	Examination form No.: 029593 	Division/Section: C	Roll No.: 322
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH HUMERA MUNIR	Mother's Name: SHABANA	Gender: Female
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Name in Vernacular Language: शेख हुमेरा मुनीर

Address: 386/4583 1ST FLOOR GROUP NO 4
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City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083

Telephone no.:	Mobile no: 919699621300	Email : simabshaikh5@gmail.com
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DOB: Jul 05, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236124 (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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Signature

PRN: 2017016400849474	Eligibility Status: Eligible	Examination form No.: 029594 	Division/Section: B	Roll No.: 158
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NAGORI ALFIYA MD RIZWAN	Mother's Name: RAZIA BEGUM	Gender: Female
--	----------------------------	----------------

Name in Vernacular Language: नागोरी अल्फीया मंद रिजवान

Address: FLAT NO 2 A WING FARHAN APART MENT, SHARIFA ROAD AMRUT NAGAR

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

Telephone no.:	Mobile no: 918879757054	Email : nagorialfiya2801@gmail.com
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DOB: Jan 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: 0235933 (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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R. D. Haldankar

PRN: 2017016400849482	Eligibility Status: Eligible	Examination form No.: 029595 	Division/Section: C	Roll No.: 305
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: HALDANKAR RAHUL DIWAKAR	Mother's Name: DIPALEE	Gender: Male
Name in Vernacular Language: हळदणकर राहुल दिवाकर		
Address: NEAR HANUMAN MANDIR JAI MAHARASHTRA CHAWL SANE GURUJI NAGAR ASALPHA VILLAGE GHATKOPAR WEST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084		
Telephone no.:	Mobile no: 919022604341	Email : rahulhaldankar1001@gmail.com
DOB: Apr 17, 1999	Category: Reserved (OBC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)		Exam Event: Apr-2019
		Seat No: 0235785 (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):

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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: 2017016400849497	Eligibility Status: Eligible	Examination form No.: 029596 	Division/Section: F	Roll No.: 654
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KAZI SAAD AHMAD WAJID AHMAD	Mother's Name: SHAMIM BANO	Gender: Male
--	----------------------------	--------------

Name in Vernacular Language: हिंदी

Address: 53/B, FLAT NO.33, 3RD FLOOR, GANGA CHS, V.B. NAGAR KURLA (W)

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

Telephone no.:	Mobile no: 919702215795	Email : KSAAD2212@GMAIL.COM
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DOB: Feb 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: 0235860 (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: 2017016400849501	Eligibility Status: Eligible	Examination form No.: 029597 	Division/Section: F	Roll No.: 768
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HAKIM ALI ASGER MUSLIM	Mother's Name: FARIDA	Gender: Male
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Name in Vernacular Language: हकिम अलिअसगर मुस्लिम

Address: A/103, SALIM HOUSE, HALL ROAD NEAR KARTHIKA HIGH SCHOOL KURLA (W), MUMBAI-70

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

Telephone no.:	Mobile no: 919594448480	Email : aliasgarhakim5253@gmail.com
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DOB: Jan 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: 0235783 (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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Audion

PRN: 2017016400849516	Eligibility Status: Eligible	Examination form No.: 029598 	Division/Section: D	Roll No.: 401
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANDIAN SARIKA RAJAN	Mother's Name: JAYASELVI	Gender: Female
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Name in Vernacular Language: பரண்டியன் சரிகா ராஜன்

Address: SHRI SHRINIVAS NAGAR, NEAR SHITALA DEVI TEMPLE, A.G.LINK ROAD, SAKINAKA, MUMBAI, 400072

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

Telephone no.:	Mobile no: 919768606318	Email : sarikarajan43@gmail.com
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DOB: Mar 04, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235963 (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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NR Surve

PRN: 2017016400849524	Eligibility Status: Eligible	Examination form No.: 029599 	Division/Section: E	Roll No.: 539
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SURVE NEHA RAVINDRA	Mother's Name: NAMRATA	Gender: Female
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Name in Vernacular Language: SURVE NEHA RAVINDRA

Address: ROOM NO 4 OM SAI CAHWL TANAJI WADI TEMBHIPADA BHANDUP(WES)

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

Telephone no.:	Mobile no: 919702456676	Email : survegaurav2206@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: 0236179 (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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egawade

PRN: 2017016400849532	Eligibility Status: Eligible	Examination form No.: 029600 	Division/Section: C	Roll No.: 289
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: EKTA EKNATH GAWADE	Mother's Name: LAXMI	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: एकता एकनाथ गावडे

Address: 309,VIMAL SMRUTI CO.OP.HSG.SO KARVE ROAD, VISHNUNAGAR

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

Telephone no.:	Mobile no: 919702142854	Email : ektagawade28@gmail.com
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DOB: Apr 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: 0235748 (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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PRN: 2017016400849547	Eligibility Status: Eligible	Examination form No.: 029601 	Division/Section: A	Roll No.: 82
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PILLAI ASWATHY SANKARANKUTTY	Mother's Name: JAYALAKSHMI	Gender: Female
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Name in Vernacular Language: പിള്ളൈ അശ്വതി ശങ്കരൻകുട്ടി

Address: Bldg No 37 Room No 1320 Siddheshwar CHS Tilak nagar, Chembur Mumbai - 400089

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

Telephone no.: 25281873	Mobile no: 919969010573	Email : aswathypillai21@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: 0236308 (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

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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S. Jadhav

PRN: 2017016400849555	Eligibility Status: Eligible	Examination form No.: 029602 	Division/Section: C	Roll No.: 311
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JADHAV SANKET VITHAL	Mother's Name: SANGITA	Gender: Male
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Name in Vernacular Language: जाधव संकेत विठ्ठल

Address: B403, Shree Gajanan Heights, E S I S Hosp Road, Ramchandra Nagar 1, Thane West

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

Telephone no.:	Mobile no: 919987307855	Email : sanket.v.jadhav@gmail.com
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DOB: Aug 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: 0235801 (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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PRN: 2017016400849563	Eligibility Status: Eligible	Examination form No.: 029603 	Division/Section: E	Roll No.: 529
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGH VINAY RAVINDRA	Mother's Name: BEENA	Gender: Male
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Name in Vernacular Language: सिंग विनय रवींद्र
--

Address: room no. 445 1/2, collector chawl, laxmi nagar nss road, home guard naryan nagar hill no.2, ghatkopar west

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

Telephone no.:	Mobile no: 918422070800	Email : vrsingh629@gmail.com
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DOB: Jan 12, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236167 (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: 2017016400849571	Eligibility Status: Eligible	Examination form No.: 029604 	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 AFREEN ABDUL QAYYUM	Mother's Name: NOORJAHAN	Gender: Female
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Name in Vernacular Language: urdu

Address: DWARKA SHOPPING CENTER B-205 NEAR SONAPUR LANE KURLA WEST
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070
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Telephone no.: 25038264	Mobile no: 919820148354	Email : khanwasimzk@gmail.com
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DOB: Jan 31, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235865 (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)

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PRN: 2017016400849586	Eligibility Status: Eligible	Examination form No.: 029605 	Division/Section: D	Roll No.: 422
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL VRUTI RAMESH	Mother's Name: KANCHAN	Gender: Female
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Name in Vernacular Language: पटेल वृति रमेश

Address: D/113 AKSHAR DHAM NARAYAN NAGAR NAVI DEPO GHATKOPRA WEST

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

Telephone no.:	Mobile no: 917718982361	Email : PATELVRUTI2@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: 0236000 (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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Sayali

PRN: 2017016400849613	Eligibility Status: Eligible	Examination form No.: 029606 	Division/Section: D	Roll No.: 404
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARAB SAYALI SUBHASH	Mother's Name: SUJATA	Gender: Female
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Name in Vernacular Language: परब सायली सुभाष

Address: Room no 3 Omkar society ganesh nagar Parerawadi mohili village Sakinaka

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

Telephone no.:	Mobile no: 919967411750	Email : sayu0508pa@gmail.com
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DOB: Aug 05, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235969 (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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Moksha A. Shah

PRN: 2017016400849621	Eligibility Status: Eligible	Examination form No.: 029607 	Division/Section: E	Roll No.: 496
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: SHAH MOKSHA AJAY	Mother's Name: SANGEETA	Gender: Female
Name in Vernacular Language: MOKSHA		
Address: ROOM NO.4, 3RD FLOOR, BHAGWAN NIWAS, RRT ROAD, MULUND WEST,		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080		
Telephone no.:	Mobile no: 919004938834	Email : mokshashah420@gmail.com
DOB: Apr 24, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236107 (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:
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: 2017016400849636	Eligibility Status: Eligible	Examination form No.: 029608 	Division/Section: C	Roll No.: 263	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAMIKSHA PRAVIN DHAVALE	Mother's Name: VAISHALI	Gender: Female
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Name in Vernacular Language: समिक्षा प्रविण धवळे

Address: 2/4, Shankar bhuvan, raja colony, pratap nagar, bhandup (W)

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

Telephone no.: Mobile no: 918080717742 Email: samikshadhavale21@gmail.com

DOB: Aug 21, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235709 (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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Signature

PRN: 2017016400849644	Eligibility Status: Eligible	Examination form No.: 029609 	Division/Section: E	Roll No.: 507
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH SAMRA ISMAIL	Mother's Name: SHAHEEN	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: शेख साम्रा इस्माईल

Address: x105/15 station side colony pirojshah nagar

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

Telephone no.:	Mobile no: 919967541930	Email : samrashaikh782@gmail.com
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DOB: Aug 29, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236128 (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: 2017016400849667	Eligibility Status: Eligible	Examination form No.: 029610 	Division/Section: F	Roll No.: 698	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LEENA GAJANAN PATIL	Mother's Name: SHUBHANGI	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: लीना गजानन पाटील

Address: ROOM NO:1/16, PEDEKAR MANZIL SARVODAY NAGAR JM ROAD BHANDUP WEST MUMBAI

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

Telephone no.:	Mobile no: 917039817097	Email : patilleena894@gmail.com
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DOB: May 31, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236004 (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: 2017016400849675	Eligibility Status: Eligible	Examination form No.: 029611 	Division/Section: F	Roll No.: 653
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: KATKAR AKASH DILIP	Mother's Name: JAYASHREE	Gender: Male

Name in Vernacular Language: आकाश दिलीप काटकर

Address: ROOM NO. 08, 1ST FLOOR, JYOTIRLING NIWAS ROAD NO.16, BHATWADI, KISANNAGAR NO. 3, THANE THANE WEST, MAHARASHTRA 400604

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

Telephone no.: Mobile no: 917738494839 Email : AKASHKATKAR00@GMAIL.COM

DOB: Mar 16, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235858 (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:
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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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Beni

PRN: 2017016400849683	Eligibility Status: Eligible	Examination form No.: 029612 	Division/Section: D	Roll No.: 355
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KENI SHIVANI DNYANESHWAR	Mother's Name: SHAILA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: केंपी शिवानी ज्ञानेश्वर

Address: 202 AMIT PALACE PAKHADI KHAREGAON KALWA THANE

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

Telephone no.:	Mobile no: 919867793434	Email : kenishivani707@gmail.com
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DOB: Oct 15, 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: 0235862 (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: 2017016400849691	Eligibility Status: Eligible	Examination form No.: 029613 	Division/Section: F	Roll No.: 700
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAWAR KOMAL DEVANAND	Mother's Name: DARSHANA	Gender: Female
---	-------------------------	----------------

Name in Vernacular Language: पवार कोमल देवानंद

Address: OM DATTA PRASAD ROOM NO 03 PAWAR LANE NEAR HIRADEVI MANDIR

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

Telephone no.:	Mobile no: 919833037372	Email : pawarkomal407@gmail.com
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DOB: May 07, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236011 (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)

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: 2017016400849702	Eligibility Status: Eligible	Examination form No.: 029614 	Division/Section: C	Roll No.: 242
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAVAN POOJA RAJENDRA	Mother's Name: RENUKA	Gender: Female
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Name in Vernacular Language: चव्हाण पूजा राजेंद्र

Address: near buddh vihar r.no 4610 bidg no 165 naidu colony ghatkopar wast

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

Telephone no.:	Mobile no: 919076129059	Email : amishajamdar6@gmail.com
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DOB: Dec 21, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235671 (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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PRN: 2017016400849717	Eligibility Status: Eligible	Examination form No.: 029615 	Division/Section: D	Roll No.: 427
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAWAR AVANI ATUL	Mother's Name: PRACHI	Gender: Female
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Name in Vernacular Language: पवार अवनी अतुल

Address: D-3 PLOT NO 69 YADNYAVALKA SOC SAVARKAR NAGAR THANE (W)

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

Telephone no.:	Mobile no: 918879830607	Email : avaniavupawar@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: 0236009 (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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Suvidha

PRN: 2017016400849725	Eligibility Status: Eligible	Examination form No.: 029616 	Division/Section: F	Roll No.: 660
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: KHAN NIDA KHATUN ASHFAQUE AHMED	Mother's Name: JAKRA KHATOON	Gender: Female
Name in Vernacular Language: खान निदा खतून अशफाक अहमद		
Address: room 3 wahab bhai chawl nityaanand nagar gahtkopar west		
City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 919967562893	Email : 1234kajalgupta@gmail.com
DOB: Apr 10, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235871 (Status: ATKT)

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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Shradha

PRN: 2017016400849733	Eligibility Status: Eligible	Examination form No.: 029617 	Division/Section: C	Roll No.: 286
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GANDHI SHRADHA HARESH	Mother's Name: MEENA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: गांधी श्रद्धा हरेश

Address: 502,GURUKRUPA CO-OP HOUSING SOCIETY GANGAWADI GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919167944713	Email : shradhagandhialways@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: 0235743 (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: 2017016400849741	Eligibility Status: Eligible	Examination form No.: 029618 	Division/Section: B	Roll No.: 148	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KANNOLIL SHARANYA PADMANABHAN	Mother's Name: SHAILAJA	Gender: Female
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Name in Vernacular Language: कन्नोलिल शरण्या पद्मनाभन

Address: BLDG-1,C WING,101,SAKI VIHAR COMPLEX,SAKINAKA BLDG-1,C WING,101,SAKI VIHAR COMPLEX,SAKINAKA
--

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

Telephone no.: 28570394	Mobile no: 918452887990	Email : TALENTWINS99@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: 0235846 (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):

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
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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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J.P. S. Pandya

PRN: 2017016400849764	Eligibility Status: Eligible	Examination form No.: 029619 	Division/Section: D	Roll No.: 402
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANDYA JIL SHIRISH	Mother's Name: RASHMI	Gender: Female
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Name in Vernacular Language: पंड्या जिल् शिरीष

Address: 81, odhavram krupa raguvanshi nagar s.n road mulund (WEST)

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

Telephone no.:	Mobile no: 917738251183	Email : rscpandya@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: 0235964 (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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Yash

PRN: 2017016400849772	Eligibility Status: Eligible	Examination form No.: 029620 	Division/Section: F	Roll No.: 735
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: YASHSANDEEPSHELAR	Mother's Name: SMITA	Gender: Male
Name in Vernacular Language: यश संदीप शेलार		
Address: 36 3rd floor nirmal kunj kisan nagar no 3 wagle estate thane maharashtra 400604		
City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604		
Telephone no.:	Mobile no: 919892705723	Email : shelaryash10@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: 0236141 (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>	<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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400849787	Eligibility Status: Eligible	Examination form No.: 029621 	Division/Section: D	Roll No.: 432	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAWAR SWARANGEE ARUN	Mother's Name: ASHWINI	Gender: Female
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Name in Vernacular Language: SWARANGEE
--

Address: 80 TENOMENTS, NEW MUNICIPAL BLDG. NO 2/7 OPP MUNICIPAL SCHOOL NO 4

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

Telephone no.:	Mobile no: 917045132978	Email : SWARANGEE.PAWAR@GMAIL.COM
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DOB: May 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: 0236017 (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)

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

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PRN: 2017016400849795	Eligibility Status: Eligible	Examination form No.: 029622 	Division/Section: E	Roll No.: 534
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SONAWANE VARSHA DATTATRAY	Mother's Name: RANIBAI	Gender: Female
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Name in Vernacular Language: VARSHA

Address: NEAR PAWAR HOUSE, 10 SHIV GARJANA GRUH NIRMAN SANSTHA, RAHUL NAGAR B

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

Telephone no.:	Mobile no: 918108663233	Email : 8286062840v@gmail.com
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DOB: Oct 07, 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: 0236174 (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)
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA []
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA []
3	83013	Business Economics VI	Th-UA []
4	83014	Commerce VI	Th-UA []
5	83015	Direct and Indirect Taxation Paper II	Th-CA []
6	83016	Export Marketing Paper II	Th-CA []

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

PRN: 2017016400849806	Eligibility Status: Eligible	Examination form No.: 029623 	Division/Section: B	Roll No.: 137
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GHADI AMISHA RAJENDRA REVATI	Mother's Name: REVATI	Gender: Female
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Name in Vernacular Language: घाडी अमिषा राजेंद्र रेवती

Address: C-10, SURYA DARSHAN ARUNODAYA NAGAR, MULUND(E) MUMBAI

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

Telephone no.:	Mobile no: 919167926187	Email : amishaghadi7@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: 0235751 (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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Pk Joiser

PRN: 2017016400849814	Eligibility Status: Eligible	Examination form No.: 029624 	Division/Section: B	Roll No.: 147
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOISER PRIYANKA KISHOR	Mother's Name: TULSHABEN	Gender: Female
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Name in Vernacular Language: जोइसेर प्रियांका किशोर

Address: 20, LAXMAN REKHA BLDG, GUPTE ROAD JAIHIND COLONY DOMBIVLI WEST

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202
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Telephone no.:	Mobile no: 917666422302	Email : nareshbhanushali51@gmail.com
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DOB: Jul 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: 0235833 (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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Tejashvi

PRN: 2017016400849822	Eligibility Status: Eligible	Examination form No.: 029625 	Division/Section: E	Roll No.: 487
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAWANT TEJASHVI NANDKUMAR	Mother's Name: POOJA	Gender: Female
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Name in Vernacular Language: सावंत तेजस्वी नंदकुमार

Address: ROOM NO 94 SHREE GANESH COMMITTEE SHANTI NAGAR ASALFA VILLAGE GHATKOPAR WEST MUMBAI
--

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

Telephone no.:	Mobile no: 917506550284	Email : tejashvisawant8@gmail.com
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DOB: May 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: 0236086 (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)
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA []
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA []
3	83013	Business Economics VI	Th-UA []
4	83014	Commerce VI	Th-UA []
5	83015	Direct and Indirect Taxation Paper II	Th-CA []
6	83016	Export Marketing Paper II	Th-CA []

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

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: 2017016400849837	Eligibility Status: Eligible	Examination form No.: 029626 	Division/Section: F	Roll No.: 602
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BAJBALE SANKET HEMRAJ	Mother's Name: SUNITA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: बजबले संकेत हेमराज

Address: 21 chand niwas chawl shivaji nagar bhandup (w)

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

Telephone no.: Mobile no: 918692833650 Email : dikshakadam869@gmail.com

DOB: Nov 18, 1999 Category: Reserved (OBC) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235614 (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:		



University of Mumbai, Mumbai

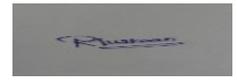
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PRN: 2017016400849845	Eligibility Status: Eligible	Examination form No.: 029627 	Division/Section: E	Roll No.: 504
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH MUSKAAN RIYAZ	Mother's Name: SHABANA R	Gender: Female
---	--------------------------	----------------

Name in Vernacular Language: मुस्कान रियाज़ शैख

Address: ROOM NO 5, L2-LANE, F-SECTOR CHEETA CAMP

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400088

Telephone no.:	Mobile no: 917710854295	Email : MUSKAANRSHAIKH@GMAIL.COM
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DOB: Feb 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: 0236125 (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):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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

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Mandavkar

PRN: 2017016400849853	Eligibility Status: Eligible	Examination form No.: 029628 	Division/Section: F	Roll No.: 672	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANDAVKAR SUYOG SANJAY	Mother's Name: SANJEEVANI	Gender: Male
---	---------------------------	--------------

Name in Vernacular Language: मांडवकर सुयोग संजय

Address: Near, hanuman mandir , 2/30 Salu Desuza chawl hariyali village , vikhroli (E) , Mumbai 400083.

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

Telephone no.:	Mobile no: 919820919378	Email : suyogmandavkar725@gmail.com
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DOB: Jan 05, 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: 0235904 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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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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Yash

PRN: 2017016400849861	Eligibility Status: Eligible	Examination form No.: 029629 	Division/Section: B	Roll No.: 146
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN YASH KAMLESH	Mother's Name: LALITA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: जैन यश कमलेश

Address: ROOM NO 2, OLD BARRECK NO T 125 R C MARG, CHEMBUR CAMP, CHEMBUR

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

Telephone no.:	Mobile no: 918452986903	Email : yashjainrockit@gmail.com
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DOB: Jan 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: 0235822 (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: 2017016400849876	Eligibility Status: Eligible	Examination form No.: 029630 	Division/Section: F	Roll No.: 687	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANCHAL VAISHNAVI KANAIALAL	Mother's Name: NEETABEN	Gender: Female
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Name in Vernacular Language: पांचाळ वैष्णवी कनैयालाल

Address: ROOM NO 5 1ST FLLOR BHARAT NIWAS KISAN NAGAR 3 WAGALE ESTATE

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

Telephone no.:	Mobile no: 918452015358	Email : panchalvaishnavi999@gmail.com
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DOB: Aug 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: 0235959 (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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Shweta

PRN: 2017016400849884	Eligibility Status: Eligible	Examination form No.: 029631 	Division/Section: C	Roll No.: 230
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI SHWETA VALJI	Mother's Name: SAVITABEN	Gender: Female
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Name in Vernacular Language: भानुशाली श्वेता वालजी

Address: c-103, new kokan niwas subhash chandra nagar asalfa village barve nagar mumbai 400084

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

Telephone no.:	Mobile no: 919769402433	Email : CHETANMAV3@GMAIL.COM
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DOB: Aug 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: 0235642 (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: 2017016400849892	Eligibility Status: Eligible	Examination form No.: 029632 	Division/Section: C	Roll No.: 206	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ANSARI SHABANAKHATOON CHHOTU	Mother's Name: SAILUNKHATOON	Gender: Female
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Name in Vernacular Language: अन्सारी शबानाखातून छोदू
--

Address: pawar compound NEAR RATHOD MEDICAL SAMATA CHAWL HILL NO 3
--

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

Telephone no.:	Mobile no: 918828502502	Email : mayurparcha3040@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: 0235608 (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)
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA []
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA []
3	83013	Business Economics VI	Th-UA []
4	83014	Commerce VI	Th-UA []
5	83015	Direct and Indirect Taxation Paper II	Th-CA []
6	83016	Export Marketing Paper II	Th-CA []

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

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: 2017016400849903	Eligibility Status: Eligible	Examination form No.: 029633 	Division/Section: D	Roll No.: 423
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATHARE PRATIK YOGESH	Mother's Name: HEENA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: पाठारे प्रतीक योगेश

Address: 1/6, SAI DHAM, MAHATMA PHULE ROAD, NEAR SWAMI VIVEKANAND SCHOOL, DOMBIVALI (WEST)

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

Telephone no.:	Mobile no: 918097211331	Email : pratikpathare18610@gmail.com
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DOB: Jan 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: 0236001 (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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Zeal-M.T.

PRN: 2017016400849911	Eligibility Status: Eligible	Examination form No.: 029634 	Division/Section: E	Roll No.: 552
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR ZEAL MAHESH	Mother's Name: HIRAL	Gender: Female
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Name in Vernacular Language: ठाकरे ज्येष्ठ. ५५५२

Address: 2/35, Shivam Nath Pai Nagar Ghatkopar-East

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

Telephone no.:	Mobile no: 919920221902	Email : zeal_thakker@yahoo.com
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DOB: Dec 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: 0236200 (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: 2017016400849926	Eligibility Status: Eligible	Examination form No.: 029635 	Division/Section: C	Roll No.: 257	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DEDHIA JILL KIRAN	Mother's Name: BINA	Gender: Female
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Name in Vernacular Language: जिल

Address: shanti bhuvan ,B/31 walji.Ladha road Mulund west -400080

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

Telephone no.: 7892	Mobile no: 917506833979	Email : jilldedhia1234@gmail.com
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DOB: Jun 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: 0235700 (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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PRN: 2017016400849942	Eligibility Status: Eligible	Examination form No.: 029636 	Division/Section: A	Roll No.: 44	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JUNGARE ASHISH KISHOR	Mother's Name: VAIJAYANTI	Gender: Male
--	---------------------------	--------------

Name in Vernacular Language: आशिष

Address: L.B.S MARG GOLIBAR ROAD 107 DALVI CHAWL SAINATH NAGER ROAD GHATKOPER

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

Telephone no.:	Mobile no: 917208764557	Email : jungareakshay26@gmail.com
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DOB: Jul 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: 0236275 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400849957	Eligibility Status: Eligible	Examination form No.: 029637 	Division/Section: D	Roll No.: 428	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAWAR PRANJALI AMAR	Mother's Name: CHITRAKALA	Gender: Female
--	---------------------------	----------------

Name in Vernacular Language: पवार प्रंजली अमर

Address: nobert aguiar chawl, room no.2 mankhurd

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400088

Telephone no.:	Mobile no: 918767763287	Email : pranjalipawar303@gmail.com
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DOB: Jun 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: 0236013 (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

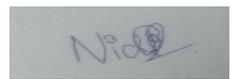
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

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

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PRN: 2017016400849965	Eligibility Status: Eligible	Examination form No.: 029638 	Division/Section: C	Roll No.: 259
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DESAI NIDHI MANOJ	Mother's Name: VAISHALI	Gender: Female
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Name in Vernacular Language: देसाई निधी

Address: A/11 MATRU CHAYA S.N. ROAD MULUND (WEST)

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

Telephone no.: 25601466	Mobile no: 919833981466	Email : nidhidesai0301@gmail.com
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DOB: Jan 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: 0235703 (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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PRN: 2017016400849973	Eligibility Status: Eligible	Examination form No.: 029639 	Division/Section: E	Roll No.: 528
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGH RASHMI SHAMBHU	Mother's Name: RENU DEVI	Gender: Female
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Name in Vernacular Language: सिंग रश्मी शंभू

Address: ROOM NO 28/6 RUKMINI NAGAR NANDA SAWANT CHAWL

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

Telephone no.:	Mobile no: 918850755316	Email : rashmi.s@gmail.com
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DOB: Mar 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: 0236165 (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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M. Potdar

PRN: 2017016400849996	Eligibility Status: Eligible	Examination form No.: 029640 	Division/Section: D	Roll No.: 439
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: POTDAR MANSI SANJAY	Mother's Name: SHUBHANGI	Gender: Female
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Name in Vernacular Language: पोटदार मानसी संजय

Address: ROOM NO. 02, MANGU DRIVER CHAWL NEAR SIDDHESHWAR TALAO NEAR CADBURY COMPANY

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

Telephone no.:	Mobile no: 917040076031	Email : Manupotdar06@gmail.com
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DOB: Feb 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: 0236027 (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):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016400850013	Eligibility Status: Eligible	Examination form No.: 029641 	Division/Section: F	Roll No.: 679
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MORE SNEHAL TUKARAM	Mother's Name: ROHINI	Gender: Female
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Name in Vernacular Language: मोरे स्नेहल तुकाराम

Address: 2/5 VENKATESH NAYANI CHAWL, SHASTRINAGAR, KANJURMARG (E), 42.

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

Telephone no.:	Mobile no: 919594841215	Email : moresnehal50@gmail.com
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DOB: Jun 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: 0235925 (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):

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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: 2017016400850021	Eligibility Status: Eligible	Examination form No.: 029642 	Division/Section: F	Roll No.: 742	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGH AKASH VIMLESH	Mother's Name: CHINTA	Gender: Male
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Name in Vernacular Language: सिंह आकाश विमलेश

Address: Jai santoshi mata CHS Behind Dalda company Sion East Mumbai

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

Telephone no.:	Mobile no: 919860234143	Email : sinakash1998@gmail.com
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DOB: Dec 12, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236163 (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):

<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: 2017016400850036	Eligibility Status: Eligible	Examination form No.: 029643 	Division/Section: D	Roll No.: 340
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JETHWA DIMPLE ASHWIN	Mother's Name: SONAL	Gender: Female
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Name in Vernacular Language: जेठवा डिमपल अश्विन

Address: B-20,Ambekrupa building Devi dayal cross road ,mulund(west),mumbai-400080

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

Telephone no.:	Mobile no: 919967573747	Email : dimplejethwa65@gmail.com
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DOB: Apr 13, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235830 (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)

Application Form for Examination of Summer Session 2020 event.

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Sy Bandekar

PRN: 2017016400850044	Eligibility Status: Eligible	Examination form No.: 029644 	Division/Section: F	Roll No.: 603
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BANDEKAR SIDDHARTH GANESH	Mother's Name: VINITA	Gender: Male
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Name in Vernacular Language: बांदेकर सिद्धार्थ गणेश

Address: room no 3, laxmi niwas building, koliwada, thane west
--

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 919768278803	Email : bandekarsiddharth1998@gmail.com
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DOB: Sep 09, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235617 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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Vyjayoli

PRN: 2017016400850052	Eligibility Status: Eligible	Examination form No.: 029645 	Division/Section: E	Roll No.: 560
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VENKATAGIRI JYOTI SHRINIWAS	Mother's Name: SHALINI	Gender: Female
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Name in Vernacular Language: वेंकटगिरी ज्योती श्रीनिवास

Address: Abdul kalam chawl behind jain temple I.I.T MARKET POWAI

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

Telephone no.:	Mobile no: 919867565867	Email : jyotivenkat69@gmail.com
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DOB: Jun 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: 0236220 (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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Pooja

PRN: 2017016400850067	Eligibility Status: Eligible	Examination form No.: 029646 	Division/Section: D	Roll No.: 373
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANDALIYA POOJA NARESH	Mother's Name: MANISHA	Gender: Female
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Name in Vernacular Language: मंडलिया पूजा नरेश

Address: room no.2 samarth chawl wadia estate bail bazar

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

Telephone no.:	Mobile no: 918692046088	Email : poojmandalia15@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: 0235901 (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.S. UTEKAR

PRN: 2017016400850075	Eligibility Status: Eligible	Examination form No.: 029647 	Division/Section: A	Roll No.: 110
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: UTEKAR SHUBHAM SURESH	Mother's Name: MANISHA	Gender: Male
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Name in Vernacular Language: शुभम

Address: 112, 1st floor, c wing, shivnagar pranaya bhoomi, lbs road, ghatkopar (w), mumbai

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

Telephone no.:	Mobile no: 918879905596	Email : shubhamutekar319@gmail.com
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DOB: Sep 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: 0236213 (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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VIRAJ

PRN: 2017016400850083	Eligibility Status: Eligible	Examination form No.: 029648 	Division/Section: A	Roll No.: 90
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SALEKAR VIRAJ KASHINATH	Mother's Name: SUSHILA	Gender: Male
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Name in Vernacular Language: विराज

Address: NEAR KHANDOBA MANDIR, JAY MALHAR NAGAR, KHANDOBA TEKDI, GOLIBAR ROAD, GHATKOPAR (W), MUMBAI

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

Telephone no.:	Mobile no: 918898860712	Email : salekarviraj12@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: 0236063 (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: 2017016400850091	Eligibility Status: Eligible	Examination form No.: 029649 	Division/Section: A	Roll No.: 49
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHANNA HARSHIT MADAN	Mother's Name: VANDANA	Gender: Male
--------------------------------------	------------------------	--------------

Name in Vernacular Language: खन्ना हर्षित मदन

Address: 404, MORAR ASHIRWAD, WAITHI WADI, NEAR NITIN COMPANY, THANE(W)

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 917208341842	Email : khilani36.hk@gmail.com
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DOB: Apr 14, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236280 (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: 2017016400850102	Eligibility Status: Eligible	Examination form No.: 029650 	Division/Section: A	Roll No.: 65	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PADAVE ANITA VASUDEV	Mother's Name: VISHAKHA	Gender: Female
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Name in Vernacular Language: पाडावे अनिता वासुदेव

Address: lallubhai compound bldg room no-105 bhagirathi bldg-15, mankhurd

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400043
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Telephone no.:	Mobile no: 919702551610	Email : ambika@gmail.com
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DOB: May 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: 0235945 (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:

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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Blonde

PRN: 2017016400850117	Eligibility Status: Eligible	Examination form No.: 029651 	Division/Section: A	Roll No.: 53
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LANDE RUTUJA RAJENDRA	Mother's Name: SUREKHA	Gender: Female
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Name in Vernacular Language: लॉडे रतुजा राजेंद्र

Address: bajirav hule chawl shanti nagar sainath nagar road

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

Telephone no.:	Mobile no: 917039828277	Email : rutujal.lande7039@gmail.com
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DOB: May 21, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236287 (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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Nikita

PRN: 2017016400850125	Eligibility Status: Eligible	Examination form No.: 029652 	Division/Section: A	Roll No.: 89
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: NIKITA KISHOR SALEKAR	Mother's Name: GEETA	Gender: Female
Name in Vernacular Language:निकिता किशोर साळेकर		
Address: BHYANDAR CHAWAL SAINATH NAGAR ROAD GHATKOPAR W		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 917506985042	Email : rutujal.lande7039@gmail.com
DOB: Mar 15, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236317 (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:		



University of Mumbai, Mumbai

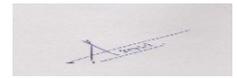
<http://mum.digitaluniversity.ac/>

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PRN: 2017016400850133	Eligibility Status: Eligible	Examination form No.: 029653 	Division/Section: D	Roll No.: 459
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SETHI AMANPREET KAUR HARVINDER SINGH	Mother's Name: MAMTA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: सेठी अमनप्रीत कौर हरविंदर सिंह

Address: B-2601, Fairfield Lodha Luxuria, Majiwade,

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

Telephone no.:	Mobile no: 918898001845	Email : amanpreetsethi9999@gmail.com
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DOB: Mar 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: 0236092 (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:		



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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RS Gurav

PRN: 2017016400850141	Eligibility Status: Eligible	Examination form No.: 029654 	Division/Section: B	Roll No.: 140
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GURAV DHANASHRI SURENDRA	Mother's Name: SUPRIYA	Gender: Female
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Name in Vernacular Language: धनश्री सुरेंद्र गुरव

Address: ROOM NO 15 4TH FLOOR BHARAT NIWAS KISAN NAGAR NO 3 THANE WEST

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

Telephone no.:	Mobile no: 919920982976	Email : dhanashri.gurav99@gmail.com
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DOB: Feb 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: 0235780 (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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Rajeshree

PRN: 2017016400850156	Eligibility Status: Eligible	Examination form No.: 029655 	Division/Section: E	Roll No.: 558
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VADHAVANA RAJESHREE HEMRAJ	Mother's Name: DIWALI	Gender: Female
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Name in Vernacular Language: VADHAVANA RAJESHREE HEMRAJ

Address: room no 5, mahabali singh chawl subhash nagar, asalpha village ghatkopar west
--

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400084
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Telephone no.:	Mobile no: 919869587385	Email : bhagyashreevadhavana@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: 0236214 (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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Kinjal

PRN: 2017016400850164	Eligibility Status: Eligible	Examination form No.: 029656 	Division/Section: A	Roll No.: 8
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHALIA KINJAL JAYESHBHAI	Mother's Name: JAYSHREE	Gender: Female
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Name in Vernacular Language: भालिया किंजल JAYESHBHAI

Address: ROOM NO 10, SHAMJI KARANSI WADI, KIROL ROAD, CAMA LANE, GHATKOPAR WEST

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

Telephone no.:	Mobile no: 918692997745	Email : KKinjalBHalia23D@GMAIL.COM
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DOB: Dec 23, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236252 (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: 2017016400850172	Eligibility Status: Eligible	Examination form No.: 029657 	Division/Section: D	Roll No.: 421	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL VANSHIKA RAJESH	Mother's Name: SHARDA	Gender: Female
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Name in Vernacular Language: વાંશિકા રાજેશ પટેલ

Address: 202, Shiv Ganga Sadan, Opp. Parvati Mahadev Temple Azadepada, Dombivali East Thane

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

Telephone no.:	Mobile no: 919773533089	Email : vanshipatel2000@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: 0235998 (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: 2017016400850187	Eligibility Status: Eligible	Examination form No.: 029658 	Division/Section: D	Roll No.: 391
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: NANDEDKAR ATHARVA VAIBHAV	Mother's Name: SMITA	Gender: Male
Name in Vernacular Language: अथर्व		
Address: SWANAND RL 179, ASDHEGAON, MIDC RESI AREA, KALYAN ROAD DOMBIVLI (EAST)		
City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421203		
Telephone no.:	Mobile no: 919930557480	Email : atharvan96@gmail.com
DOB: Dec 15, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235938 (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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Handwritten signature

PRN: 2017016400850222	Eligibility Status: Eligible	Examination form No.: 029659 	Division/Section: C	Roll No.: 268
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DODHIA ASHIT SHAILESH	Mother's Name: MANISHA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: दोंडिया अशित शैलेश

Address: 1334, A-1, 201, SILVER LEAF RESIDENCY KAMATGHAR ROAD

City: BHIWANDI, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421302

Telephone no.: Mobile no: 919022279494 Email : ashitdodhia1999@gmail.com

DOB: Nov 21, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235715 (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:

Date:

College Staff Signature

Seal and Signature of Principal/HOD/Chairperson



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Botwaa

PRN: 2017016400850237	Eligibility Status: Eligible	Examination form No.: 029660 	Division/Section: A	Roll No.: 52
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KOTWAL BHAVIKA EAKNATH	Mother's Name: VANDANA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: कोतवाल भाविका एकनाथ

Address: ROOM NO 209 ALLI BLIALI SIDDI S G BARVE MARGE KURLA (E)

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

Telephone no.:	Mobile no: 917039113988	Email : bhavikakotwal12@gmail.com
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DOB: Feb 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: 0235887 (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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Sujit

PRN: 2017016400850245	Eligibility Status: Eligible	Examination form No.: 029661 	Division/Section: A	Roll No.: 55
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANDAVKAR SUJIT SUHAS	Mother's Name: SAMIKSHA	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: मंडवकर सुजित सुहास

Address: 10/A/105, Satyam Society, Sangharsh Nagar, Chandivali, Andheri East
--

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

Telephone no.:	Mobile no: 917039880422	Email : sujitsuhas47@gmail.com
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DOB: Nov 05, 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: 0236290 (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):

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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: 2017016400850261	Eligibility Status: Eligible	Examination form No.: 029662 	Division/Section: C	Roll No.: 211
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: AYARE OMKAR ARVIND	Mother's Name: SUJATA	Gender: Male
Name in Vernacular Language: ओमकार अरविंद आयरे		
Address: B4/69, DGQA COMPLEX JAGDUSHA NAGAR GOLIBAR ROAD, GHATKOPAR WEST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 918691958052	Email : omkarayare32@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: 0236250 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400850276	Eligibility Status: Eligible	Examination form No.: 029663 	Division/Section: F	Roll No.: 649
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOGI VISHAL RAJENDRA	Mother's Name: MADHU	Gender: Male
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Name in Vernacular Language: जोगी विशाल राजेंद्र

Address: 1 p.k bldg ,shankeshwar apt sanitorium lane ghatkoper (west)

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

Telephone no.:	Mobile no: 919664216232	Email : ambika@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: 0235832 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

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

Venue Preference (Code/Name):

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

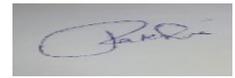
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PRN: 2017016400850284	Eligibility Status: Eligible	Examination form No.: 029664 	Division/Section: F	Roll No.: 737	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: SHEETY RAKSHA ASHOK	Mother's Name: MALINI	Gender: Male
Name in Vernacular Language: शैत्य राक्षशा अशोक		
Address: 301, nutan sonal apt, shanti nagar wagle estate thane (w)		
City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604		
Telephone no.:	Mobile no: 919892833639	Email : rakshashetty.shetty97@gmail.com
DOB: Feb 06, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236148 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400850303	Eligibility Status: Eligible	Examination form No.: 029665 	Division/Section: E	Roll No.: 485	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAWANT PRANAV VASANT	Mother's Name: SANDHYA	Gender: Male
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Name in Vernacular Language: सावंत प्रणव वसंत

Address: 17/D PANCHAGANGA CHS 2ND RABODI THANE WEST

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 919920797582	Email : sawant.pranav99@gmail.com
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DOB: Nov 11, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236083 (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)
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA []
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA []
3	83013	Business Economics VI	Th-UA []
4	83014	Commerce VI	Th-UA []
5	83015	Direct and Indirect Taxation Paper II	Th-CA []
6	83016	Export Marketing Paper II	Th-CA []

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

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: 2017016400850311	Eligibility Status: Eligible	Examination form No.: 029666 	Division/Section: A	Roll No.: 119	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ANN SOOSAN SANTHOSH	Mother's Name: LISA	Gender: Female
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Name in Vernacular Language: आन सूसन संतोष
--

Address: 103, UMA NIWAS, PESTOM SAGAR ROAD NO.5, CHEMBUR,

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

Telephone no.: 25251908	Mobile no: 919167770290	Email : ANNSOOSAN@HOTMAIL.COM
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DOB: Feb 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: 0236244 (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)
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA []
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA []
3	83013	Business Economics VI	Th-UA []
4	83014	Commerce VI	Th-UA []
5	83015	Direct and Indirect Taxation Paper II	Th-CA []
6	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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Sonal

PRN: 2017016400850326	Eligibility Status: Eligible	Examination form No.: 029667 	Division/Section: B	Roll No.: 132
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI SONAL RAMESH	Mother's Name: DAKSHA	Gender: Female
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Name in Vernacular Language: भानुशाली सोनल

Address: 4/35, Kulkarni Wadi, Subhash nagar, Ibrahim manzil, Jangleswar Soc, Ghatkopar (West)

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

Telephone no.:	Mobile no: 918080859342	Email : rohitbhanushali100001@gmail.com
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DOB: Nov 18, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235643 (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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Priya

PRN: 2017016400850334	Eligibility Status: Eligible	Examination form No.: 029668 	Division/Section: D	Roll No.: 332
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN PRIYA DEVILAL	Mother's Name: ULLAS	Gender: Female
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Name in Vernacular Language: जैन प्रिया देवीलाल

Address: 1/5,jain estate village road bhandup west

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

Telephone no.:	Mobile no: 918767509996	Email : priya.dj@somaiya.edu
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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: 0235817 (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: 2017016400850342	Eligibility Status: Eligible	Examination form No.: 029669 	Division/Section: E	Roll No.: 569	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: WAGHELA JAYDEEP JAGDISH	Mother's Name: BHAGVATI	Gender: Male
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Name in Vernacular Language: Jaydeep

Address: Room no 63, Shankar bhuvna N. S road, mulund (west) Mumbai

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 918454051351	Email : jaydeepwaghela18@gmail.com
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DOB: Oct 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: 0236231 (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)
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA []
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA []
3	83013	Business Economics VI	Th-UA []
4	83014	Commerce VI	Th-UA []
5	83015	Direct and Indirect Taxation Paper II	Th-CA []
6	83016	Export Marketing Paper II	Th-CA []

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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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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S. K. Somaiya College of Arts, Science and Commerce (540)

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Falera

PRN: 2017016400850357	Eligibility Status: Eligible	Examination form No.: 029670 	Division/Section: C	Roll No.: 271
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: FALERA GLYNIS GEORGE	Mother's Name: DIANA	Gender: Female
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Name in Vernacular Language: फलेरा गलीनिस गेओर्गे

Address: 22/A CORDELIA HOUSE, D'SOUZA WADI WAGLE ESTATE, THANE (W)

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

Telephone no.:	Mobile no: 917506033653	Email : glynisfalera1602@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: 0235722 (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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SHIRKE

PRN: 2017016400850381	Eligibility Status: Eligible	Examination form No.: 029671 	Division/Section: A	Roll No.: 103
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHIRKE MAYURI MARUTI	Mother's Name: MADHURI	Gender: Female
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Name in Vernacular Language: शिर्के मयुरी मारुती

Address: 1/5 shubham society opp goandevi maidan kalwa west

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

Telephone no.: 25420859	Mobile no: 917710969205	Email : mayuri107522@gmail.com
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DOB: Jun 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: 0236327 (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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PRN: 2017016400850396	Eligibility Status: Eligible	Examination form No.: 029672 	Division/Section: F	Roll No.: 743
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGH GAURAV RAJENDRA	Mother's Name: MANJU	Gender: Male
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Name in Vernacular Language: सिंग गौरव राजेंद्र

Address: Prashant Sankul, 02nd Floor B Wing, Room no 202, mumbra-devi Colony
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City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612
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Telephone no.:	Mobile no: 918424982458	Email : singhgr108@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: 0236164 (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: 2017016400850407	Eligibility Status: Eligible	Examination form No.: 029673 	Division/Section: E	Roll No.: 499	<i>R.N. Shah</i>
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH RAHIL NILESH	Mother's Name: LEENA	Gender: Male
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Name in Vernacular Language: राहिल

Address: 6, Saroj Darshan, 90 feet road, Mulund- (east) Mumbai-81

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400081
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Telephone no.:	Mobile no: 917738968474	Email : rahilshah0000@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: 0236111 (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: 2017016400850415	Eligibility Status: Eligible	Examination form No.: 029674 	Division/Section: D	Roll No.: 345	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KADAM SEJAL DEEPAK	Mother's Name: DEEPIKA	Gender: Female
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Name in Vernacular Language: कदम सेजल दीपक

Address: JAI BHAWANI CHAWL UTKARSH NAGAR BHANDUP

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

Telephone no.:	Mobile no: 919833254953	Email : sejal.kadam1999@gmail.com
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DOB: Dec 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: 0235838 (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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PRN: 2017016400850431	Eligibility Status: Eligible	Examination form No.: 029675 	Division/Section: C	Roll No.: 237
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: CHANDRA DEEPALI KARSAN	Mother's Name: MANIBEN	Gender: Female
Name in Vernacular Language: Chandra deepali chandra		
Address: ROOM NO. 4, RAM JATAN CHAWL KHERANI ROAD, ASALPHA VILLAGE GHATKOPAR WEST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084		
Telephone no.:	Mobile no: 918689924091	Email : CHETANCHANDRA29@GMAIL.COM
DOB: Aug 20, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235660 (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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N.Sawant

PRN: 2017016400850446	Eligibility Status: Eligible	Examination form No.: 029676 	Division/Section: A	Roll No.: 93
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAWANT NIKITA SANTOSH	Mother's Name: SWATI	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: सावंत निकिता संतोष

Address: Room no 566, pratapgad soc. sitaram pal chawal Ram nagar (b) Ghatkopar west

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

Telephone no.:	Mobile no: 918268774312	Email : nsawant171@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: 0236082 (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
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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: 2017016400850454	Eligibility Status: Eligible	Examination form No.: 029677 	Division/Section: F	Roll No.: 741
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHIVPURE SAMUEL SURYAKANT	Mother's Name: SHIRIN	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: सॅम्युएल

Address: R.NO.3 , PARIS PALACE HANUMAN TEKDI KATEMANIVLI, KALYAN EAST

City: KALYAN, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421306
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Telephone no.:	Mobile no: 919833376979	Email : samy.10059@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: 0236155 (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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Jain

PRN: 2017016400850477	Eligibility Status: Eligible	Examination form No.: 029678 	Division/Section: E	Roll No.: 591
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN NEHA KUMARI RAKESH	Mother's Name: CHANDA	Gender: Female
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Name in Vernacular Language: JAIN NEHA KUMARI RAKESH
--

Address: FLAT NO .6 MULTIGEM CHS BEHIND CANARA BANK KALINA SANTACRUZ EAST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400029
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Telephone no.: 26660064	Mobile no: 919619683686	Email : NEHAPOKHARNA2606@GMAIL.COM
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DOB: Jun 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: 0235813 (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)

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Rakesh

PRN: 2017016400850485	Eligibility Status: Eligible	Examination form No.: 029679 	Division/Section: C	Roll No.: 212
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BALOTIYA RAKESH PARASMAL	Mother's Name: NARABADA	Gender: Male
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Name in Vernacular Language: बालोटिया राकेश PARASMAL

Address: indira nagar thakkar bappa colony s.g.barve marg C S T ROAD

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

Telephone no.:	Mobile no: 919930933804	Email : rakeshbalotiya555@gmail.com
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DOB: Sep 22, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235615 (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

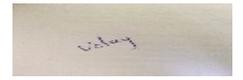
<http://mum.digitaluniversity.ac/>

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PRN: 2017016400850493	Eligibility Status: Eligible	Examination form No.: 029680 	Division/Section: D	Roll No.: 410
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARMAR UDAY VIJAY	Mother's Name: RAJSHRI	Gender: Male
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Name in Vernacular Language: पारमार उदय विजय

Address: 21/B-4, metro, golden park phase-1 beturkarpada, kalyan west

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

Telephone no.:	Mobile no: 918828084910	Email : udayparmar67287@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: 0235980 (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: 2017016400850504	Eligibility Status: Eligible	Examination form No.: 029681 	Division/Section: F	Roll No.: 681	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MUKADAM ABDUL KADIR NOOR MOHAMMED	Mother's Name: SHAHEEN	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: मुकादम अब्दुल कदीर नूर मुहम्मद

Address: plot no 18/1170, lotus colony govandi

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

Telephone no.: Mobile no: 918652763126 Email : kdrmkdm@Gmail.com

DOB: Feb 24, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235931 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400850512	Eligibility Status: Eligible	Examination form No.: 029682 	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: VIDHI BHARAT TANNA	Mother's Name: HEENA	Gender: Female
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Name in Vernacular Language: हीना

Address: F-4, room no-7 Bhatwadi Near jalaram temple
--

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

Telephone no.:	Mobile no: 919967421988	Email : tannavidhi30@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: 0236187 (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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Diya

PRN: 2017016400850527	Eligibility Status: Eligible	Examination form No.: 029683 	Division/Section: D	Roll No.: 383
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MRUGANI JIYA MANISH	Mother's Name: SONAL	Gender: Female
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Name in Vernacular Language: मृगी जिजा मनीष

Address: shivji poonja chwal, room no-3 plot no-106/107 opposite indulal d bhuvu marg

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400031

Telephone no.:	Mobile no: 919819279197	Email : jiyathakkar70@yahoo.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: 0235929 (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: 2017016400850535	Eligibility Status: Eligible	Examination form No.: 029684 	Division/Section: D	Roll No.: 437	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHAVIK ISHWARLAL POKAR	Mother's Name: KAUSHALYA	Gender: Male
---	--------------------------	--------------

Name in Vernacular Language: भाविक इश्वरलाल पोकरी

Address: A/20, Anant smruti Tata power line Ram Nagar

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

Telephone no.:	Mobile no: 919820714440	Email : pokarbhavik21@gmail.com
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DOB: May 22, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236024 (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: 2017016400850543	Eligibility Status: Eligible	Examination form No.: 029685 	Division/Section: C	Roll No.: 219	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI HEENA JETHALAL	Mother's Name: VIMLABEN	Gender: Female
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Name in Vernacular Language: **बिनाशाली हेना जेथलाल**

Address: B/305 MANALI APT ,MILIND NAGAR N.S.S ROAD NEAR , ASHALPHA, GHATKOPER -WEST

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

Telephone no.:	Mobile no: 917506414595	Email : HEENAGAJRA9@GMAIL.COM
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DOB: Mar 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: 0235628 (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: 2017016400850551	Eligibility Status: Eligible	Examination form No.: 029686 	Division/Section: E	Roll No.: 583	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: SHAH VIRATI JITENDRA	Mother's Name: DAKSHA	Gender: Female
Name in Vernacular Language: शिर्डी		
Address: B/11 Ganesh Krupa RHB Road mulund (west) , mumbai-80		
City: mulund, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080		
Telephone no.:	Mobile no: 919833184911	Email : svirti@yahoo.in
DOB: Sep 03, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236116 (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: 2017016400850574	Eligibility Status: Eligible	Examination form No.: 029687 	Division/Section: F	Roll No.: 744	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SUVARNA SHRISTI CHANDRASHEKAR	Mother's Name: PUSHPA	Gender: Female
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Name in Vernacular Language: सुवर्णा श्रीस्टी चंद्रशेखर

Address: 18, vakil chawl, asalpa village, ghatkopar (W), Mumbai 8, vakil chawl, asalpa village, ghatkopar(W), mumbai
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City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400084
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Telephone no.:	Mobile no: 919867700463	Email : shilpa.suvarna@gmail.com
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DOB: Mar 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: 0236181 (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)
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA []
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA []
3	83013	Business Economics VI	Th-UA []
4	83014	Commerce VI	Th-UA []
5	83015	Direct and Indirect Taxation Paper II	Th-CA []
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA []

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

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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Handwritten signature: Hitanshu

PRN: 2017016400850582	Eligibility Status: Eligible	Examination form No.: 029688 	Division/Section: E	Roll No.: 580
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GOHIL HITANSHU NILESH	Mother's Name: BHAVNA	Gender: Male
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Name in Vernacular Language: गोहिल हितांशु निलेश

Address: 1/92 , LIBERTY BLDG. , GARODIA NAGAR , GHATKOPAR (E) . MUMBAI-400077

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

Telephone no.:	Mobile no: 919619943354	Email : hitanshu.gohil.90@gmail.com
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DOB: Aug 11, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235754 (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: 2017016400850597	Eligibility Status: Eligible	Examination form No.: 029689 	Division/Section: C	Roll No.: 227	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI NIMISHA UMESHKUMAR	Mother's Name: BHAVNA	Gender: Female
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Name in Vernacular Language: Nimisha

Address: B/706,ALPHAPARK,CHIRAGNAGAR GHATKOPAR(W), MUMBAI86

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 917678077597	Email : UMESHBHANUSHALI5@GMAIL.COM
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DOB: May 29, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235638 (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: 2017016400850624	Eligibility Status: Eligible	Examination form No.: 029690 	Division/Section: D	Roll No.: 342	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOSHI MANTHAN VIPUL	Mother's Name: GEETA	Gender: Male
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Name in Vernacular Language: मन्थन विपुल जोशी

Address: 1/9, Shivkrupa Welfare Association, Near ONGC Colony, R N Gandhi Marg, Vidyavihar (East), Mumbai - 400 077

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

Telephone no.:	Mobile no: 919833594203	Email : manthanj132@gmail.com
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DOB: Nov 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: 0235835 (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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RONAK

PRN: 2017016400850647	Eligibility Status: Eligible	Examination form No.: 029691 	Division/Section: A	Roll No.: 25
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHHEDA RONAK CHETAN	Mother's Name: KALPANA	Gender: Male
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Name in Vernacular Language: रौनक चेतन छेडा

Address: 11, LAXMINARAYAN NIWAS, HINGWALA LANE GHATKOPAR (EAST)

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

Telephone no.: 25010181	Mobile no: 919664252894	Email : ronakchheda164@gmail.com
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DOB: Apr 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: 0236260 (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

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: 2017016400850663	Eligibility Status: Eligible	Examination form No.: 029692 	Division/Section: D	Roll No.: 451	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHINDE SANKET NANDKUMAR	Mother's Name: VIJAYA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: शिंदे संकेत नंदकुमार

Address: 34,A/24,RIDDHI SIDDHI SOC. KAMARAJ NAGAR,V.N.MARG GHATKOPAR EAST,MUMBAI, 400077
--

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

Telephone no.:	Mobile no: 918286752447	Email : instituterajcomputer@gmail.com
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DOB: May 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: 0236152 (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

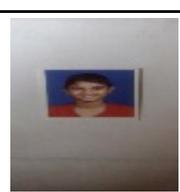
<http://mum.digitaluniversity.ac/>

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PRN: 2017016400850671	Eligibility Status: Eligible	Examination form No.: 029693 	Division/Section: D	Roll No.: 376	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: MHAMUNKAR SHARAYU SURENDRA	Mother's Name: NEETA	Gender: Female
Name in Vernacular Language: शरयू सुरेंद्र म्हामुणकर		
Address: 7.Anand Vihar Buliding Anand Nagar Dindayal Road Dombivali (west)		
City: Dombivali, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202		
Telephone no.:	Mobile no: 917208417854	Email : sharayu.mhamunkar17@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: 0235916 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400850705	Eligibility Status: Eligible	Examination form No.: 029694 	Division/Section: C	Roll No.: 279
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GAJRA RASHMI MANISH	Mother's Name: PUSHPA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: Rashmi

Address: C/302,manali apartment Himalaya society Milind nagar

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

Telephone no.: 25109985	Mobile no: 919022488590	Email : rashmigajra1999@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: 0235732 (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: 2017016400850736	Eligibility Status: Eligible	Examination form No.: 029695 	Division/Section: F	Roll No.: 752
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VALSUR HARDIK DINESH	Mother's Name: ANJU	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: हार्दिक

Address: BHIMWADI,PAGARE CHAWL R.P ROAD MULUND WEST

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 919167562480	Email : www.walsurhardik2612@gmail.com
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DOB: Dec 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: 0236331 (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: 2017016400850744	Eligibility Status: Eligible	Examination form No.: 029696 	Division/Section: A	Roll No.: 91
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SALUNKHE SANDESH SHRIKRISHNA	Mother's Name: SHRADHA	Gender: Male
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Name in Vernacular Language: साळुंखे संदेश श्रीकृष्ण
--

Address: sambhaji nagar 2 ghatla village chembur -400071
--

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400071
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Telephone no.:	Mobile no: 919967397344	Email : salunkhesandesh6@gmail.com
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DOB: Jun 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: 0236318 (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:

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: 2017016400850767	Eligibility Status: Eligible	Examination form No.: 029697 	Division/Section: A	Roll No.: 116
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ZALA DIVYA RANJIT	Mother's Name: LAXMI	Gender: Female
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Name in Vernacular Language: झाला दिव्या रणजित
--

Address: 2 santosh bhuvan ayre road dombivali east
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 421201

Telephone no.:	Mobile no: 917045732730	Email : divyazala90@gmail.com
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DOB: Aug 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: 0236337 (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:

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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Urmila

PRN: 2017016400850802	Eligibility Status: Eligible	Examination form No.: 029698 	Division/Section: A	Roll No.: 123
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SOLANKI URMILA SHIVABHAI	Mother's Name: KANCHAN	Gender: Female
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Name in Vernacular Language: सोळंकी उर्मिला शिवभाई

Address: SIDDHARTH NAGAR, DR.R.P. ROAD, BEHIND BMC COLONY,

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

Telephone no.:	Mobile no: 919967462290	Email : solankiurmila1016@gmail.com
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DOB: Jun 30, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236171 (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: 2017016400850833	Eligibility Status: Eligible	Examination form No.: 029699 	Division/Section: A	Roll No.: 45	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KAPADIA FARIDA KAIZAR	Mother's Name: TASLEEM	Gender: Female
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Name in Vernacular Language: कपाडिया फरीदा कैज़र
--

Address: ROOM NO 404 GAZI MAHAL THAKURPADA
--

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

Telephone no.:	Mobile no: 918268707182	Email : faridakapadia222@gmail.com
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DOB: Nov 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: 0235848 (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)
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA []
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA []
3	83013	Business Economics VI	Th-UA []
4	83014	Commerce VI	Th-UA []
5	83015	Direct and Indirect Taxation Paper II	Th-CA []
6	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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Mansi Jain

PRN: 2017016400850864	Eligibility Status: Eligible	Examination form No.: 029700 	Division/Section: B	Roll No.: 144
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN MANSI ANUJ	Mother's Name: SWEETY	Gender: Female
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Name in Vernacular Language: मानसी जैन

Address: House No : 106, Block : H , Shastri Nagar , Meerut House No : 106, Block : H , Shastri Nagar , Meerut

City: Meerut, Taluka: Meerut, District: Meerut, State: Uttar Pradesh, PIN: 250004

Telephone no.:	Mobile no: 919837125042	Email : jain03mansigmail.com
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DOB: Mar 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: 0235811 (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: 2017016400850895	Eligibility Status: Eligible	Examination form No.: 029701 	Division/Section: F	Roll No.: 633	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HALDANKAR PRATHAMESH VAMAN	Mother's Name: SARIKA	Gender: Male
Name in Vernacular Language: Haldankar prathamesh vaman		
Address: Room no. 2 sukribai chawl Tembhipada road tanajiwadi Bhandup w		
City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078		
Telephone no.:	Mobile no: 917506594185	Email : prathmeshaldankar73@gmail.com
DOB: Sep 09, 1999	Category: Reserved (OBC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235784 (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: 2017016400850914	Eligibility Status: Eligible	Examination form No.: 029702 	Division/Section: D	Roll No.: 409	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARKAR SANIA JAMIL	Mother's Name: RUBINA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: पारकर सानिया जमील

Address: A/201, Moon Apartment Abdul Majid Marg

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

Telephone no.: 26595670	Mobile no: 918433664777	Email : saniaparkar7860@gmail.com
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DOB: Sep 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: 0235977 (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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Signature

PRN: 2017016400850922	Eligibility Status: Eligible	Examination form No.: 029703 	Division/Section: D	Roll No.: 398
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PALE BHAVESH DEEPAK	Mother's Name: DEEPALI	Gender: Male
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Name in Vernacular Language: भावेश

Address: Pant nagar ghatkopar naidu cholony mumbai Pant nagar ghatkopar naidu cholony

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

Telephone no.:	Mobile no: 919819685391	Email : bhavyapale@gmail.com
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DOB: Jul 26, 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: 0235952 (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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PRN: 2017016400850937	Eligibility Status: Eligible	Examination form No.: 029704 	Division/Section: F	Roll No.: 696	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL NISHIT MAHENDRA	Mother's Name: SARSVATIBEN	Gender: Male
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Name in Vernacular Language: पटेल निशित महेंद्र

Address: 302,VRINDAVAN GANESH MANDIR ROAD DOMBIVLI(EAST)

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

Telephone no.:	Mobile no: 917678055428	Email : nishitpatel2432000@gmail.com
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DOB: Mar 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: 0236304 (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

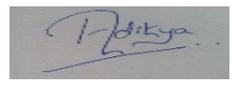
<http://mum.digitaluniversity.ac/>

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PRN: 2017016400850953	Eligibility Status: Eligible	Examination form No.: 029705 	Division/Section: B	Roll No.: 161
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATADIA ADITYA MUKESH	Mother's Name: BHAVISHA	Gender: Male
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Name in Vernacular Language: पटाडिया आदित्य मुकेश

Address: 703, Akruati A.P.T., L.B.S. Marg, Ghatkopar (West)

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

Telephone no.:	Mobile no: 919930992292	Email : adityapatadia2000@gmail.com
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DOB: Jan 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: 0235984 (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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PRN: 2017016400850961	Eligibility Status: Eligible	Examination form No.: 029706 	Division/Section: A	Roll No.: 67	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAL RAHUL RAVISHANKAR	Mother's Name: SARASWATI	Gender: Male
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Name in Vernacular Language: राहुल रविशंकर पाल
--

Address: D-914 Raj Legacy, LBS Marg Vikhroli(w)

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

Telephone no.:	Mobile no: 917208331792	Email : Rahulpal996@gmail.com
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DOB: Apr 15, 1998	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236298 (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)
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA []
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA []
3	83013	Business Economics VI	Th-UA []
4	83014	Commerce VI	Th-UA []
5	83015	Direct and Indirect Taxation Paper II	Th-CA []
6	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: 2017016400850976	Eligibility Status: Eligible	Examination form No.: 029707 	Division/Section: F	Roll No.: 747
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR MEER KAMLESH	Mother's Name: PRAGNYA	Gender: Male
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Name in Vernacular Language: ठक्कर मीर कमलेश

Address: 7, T.K. LOHANA SANITORIUM SANITORIUM LANE GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919619445183	Email : meerthakkar600@yahoo.com
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DOB: Sep 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: 0236197 (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: 2017016400850992	Eligibility Status: Eligible	Examination form No.: 029708 	Division/Section: F	Roll No.: 666
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: KUBAL HARSH KAMALAKAR	Mother's Name: GEETA	Gender: Male
Name in Vernacular Language: कुबल हर्ष कमलाकर		
Address: room no 11B 3 , unde niwas, Indira Nagar , Kanjurmarg village road, Kanjurmarg (east)		
City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400042		
Telephone no.:	Mobile no: 918291065770	Email : harshkubal6@gmail.com
DOB: Feb 18, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235889 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400851113	Eligibility Status: Eligible	Examination form No.: 029709 	Division/Section: B	Roll No.: 194	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HARAN SAKSHI DINESH	Mother's Name: ANITA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: **सक्षी HARAN**

Address: 104/105,SHITAL NIVAS KHARKARALI,THANE WEST 400601

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

Telephone no.: Mobile no: 919892127373 Email : sakshiharan55@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235787 (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:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400851136	Eligibility Status: Eligible	Examination form No.: 029710 	Division/Section: C	Roll No.: 258	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DEDHIA KUSHAL DEEPAK	Mother's Name: ASHA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: देडिया कुशल दीपक

Address: B/49 SAMBHAJI NAGAR N.M JOSHI MARG DELISE ROAD MUMBAI

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400013

Telephone no.:	Mobile no: 918652604335	Email : dedhiakushal7@gmail.com
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DOB: Jun 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: 0235701 (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:		



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: 2017016400851272	Eligibility Status: Eligible	Examination form No.: 029711 	Division/Section: B	Roll No.: 134	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DEDHIA MEET DEEPAK	Mother's Name: JAYSHREE	Gender: Male
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Name in Vernacular Language: देडिया मीत दीपक

Address: A-1604,SHIV SAI PARADISE,MAJIWADA GAON, THANE WEST

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

Telephone no.: 25395182	Mobile no: 919920473225	Email : mdedhia17@yahoo.com
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DOB: Nov 13, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235702 (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

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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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Swati

PRN: 2017016400851353	Eligibility Status: Eligible	Examination form No.: 029712 	Division/Section: A	Roll No.: 108
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: TRIVEDI SWATI HARENDRA	Mother's Name: PRITI	Gender: Female
Name in Vernacular Language: त्रिवेदी स्वाती हरेंद्र		
Address: A/406 JAI LAXMI KRUPA KALYAN ROAD , DOMBIVLI EAST		
City: MUMBAI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 917045091710	Email : swati.h.trivedi@gmail.com
DOB: Oct 20, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236329 (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:
		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

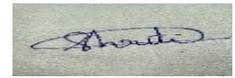
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S. K. Somaiya College of Arts, Science and Commerce (540)

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

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PRN: 2017016400851384	Eligibility Status: Eligible	Examination form No.: 029713 	Division/Section: C	Roll No.: 326	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: WAGHELA SHRUTI SHANTILAL	Mother's Name: SARSWATI	Gender: Female
Name in Vernacular Language: वाघेला श्रुती शंतीलाल		
Address: 21/2 ND FLOOR ,EKVEERA DARSHAN GAVANPADA MULUND(EAST), MUMBAI		
City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400081		
Telephone no.:	Mobile no: 917666043704	Email : shrutiwaghela159@gmail.com
DOB: Mar 05, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236232 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400851411	Eligibility Status: Eligible	Examination form No.: 029714 	Division/Section: E	Roll No.: 524
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SIDDIQI YUSUF AMIRULLA	Mother's Name: AASIYA	Gender: Male
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Name in Vernacular Language: يوسف SIDDIQI

Address: SHIV SHANKAR NAGAR DEONAR FARM ROAD BEHIND TATA ISTITUTE

City: DEONAR, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400088
--

Telephone no.:	Mobile no: 918879914303	Email : YUSUFSIDDIQUI253@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: 0236158 (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:		



University of Mumbai, Mumbai

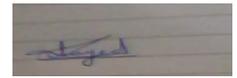
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

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

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PRN: 2017016400851481	Eligibility Status: Eligible	Examination form No.: 029715 	Division/Section: F	Roll No.: 717
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SAYED SHARBA IRFAN ALI	Mother's Name: RAZIYA	Gender: Female
Name in Vernacular Language: شاربه		
Address: TOWER-10,FLAT-501,ORCHIRD RESIDENCY BEHIND RCITY MALL GHATKOPAR-WEST,MUMBAI-400086		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086		
Telephone no.: 2581601	Mobile no: 918452091766	Email : SHARBA1999@GMAIL.COM
DOB: Dec 14, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236089 (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):

<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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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: 2017016400851496	Eligibility Status: Eligible	Examination form No.: 029716 	Division/Section: E	Roll No.: 551	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR RINKU RASIK	Mother's Name: CHETANABEN	Gender: Female
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Name in Vernacular Language: ठक्कर रिंकू रसिक

Address: B 602 PARASMANI CHS NARSI MEHTA MARG , NEW MANEKLAL ESTATE GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919967198100	Email : rinku04042000@gmail.com
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DOB: Apr 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: 0236198 (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: 2017016400851507	Eligibility Status: Eligible	Examination form No.: 029717 	Division/Section: D	Roll No.: 377	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MISHRA HEMA PRAMOD	Mother's Name: KIRAN	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: मिश्रा हेमा प्रमोद

Address: HERITAGE APT, 3E ROOM NO:106 GANESH GAVADE ROAD. MULUND (W)

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

Telephone no.:	Mobile no: 919930962032	Email : hemamishra61@yahoo.in
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DOB: Dec 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: 0235917 (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>	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)

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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Yash

PRN: 2017016400851515	Eligibility Status: Eligible	Examination form No.: 029718 	Division/Section: A	Roll No.: 95
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SHAH YASH PARESHKUMAR	Mother's Name: BINDU	Gender: Male
Name in Vernacular Language: GUJARATI		
Address: A/209, SHUBH ASHIRWAD TILAK ROAD NEAR KARVA HOSPITAL		
City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 919320158509	Email : yashpareshshah@gmail.com
DOB: Feb 26, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236321 (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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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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[Handwritten Signature]

PRN: 2017016400851531	Eligibility Status: Eligible	Examination form No.: 029719 	Division/Section: F	Roll No.: 738
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHETYE BHAKTI JAGADISH NEHA	Mother's Name: NEHA	Gender: Female
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Name in Vernacular Language: शेट्ये भक्ती जगदीश नेहा

Address: 21, NEAR MAHESHWAR MANDIR ASALPHA VILLAGE, JIVAN KUNJ SOC. SHIVAJI NAGAR, GHATKOPAR (W)

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

Telephone no.: Mobile no: 919619578151 Email : bhaktishetye1999@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236150 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**
Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400851593	Eligibility Status: Eligible	Examination form No.: 029720 	Division/Section: F	Roll No.: 610
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHHEDA ROMIL KISHOR	Mother's Name: REETA	Gender: Male
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Name in Vernacular Language: Romil

Address: 103,2nd Floor Mangal Deep Buldg Jangal Mangal Road,Bhandup (West)
--

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

Telephone no.: 25964872	Mobile no: 919167916740	Email : Romilkchheda1999@gmail.com
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DOB: Jun 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: 0235681 (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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Chetna

PRN: 2017016400851612	Eligibility Status: Eligible	Examination form No.: 029721 	Division/Section: B	Roll No.: 164
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAJA CHETNA RAJESH	Mother's Name: VINITA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: राजा चेतना राजेश

Address: 3 krishna soc. shivaji nagar asalpha village ghatkopar

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

Telephone no.:	Mobile no: 918169730690	Email : chetnaraja2000@gmail.com
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DOB: Mar 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: 0236038 (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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Husein

PRN: 2017016400851697	Eligibility Status: Eligible	Examination form No.: 029722 	Division/Section: E	Roll No.: 490
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAYYED HUSEIN AHMED	Mother's Name: MAIMUNA	Gender: Male
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Name in Vernacular Language: साईड हुसेई अहमद
--

Address: ROOM NO 17 Z GULZAR SOCIETY JARIMARI KURLA ANDHERI ROAD
--

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

Telephone no.:	Mobile no: 919029278146	Email : lordhusein333@gmail.com
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DOB: Apr 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: 0236090 (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

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: 2017016400851724	Eligibility Status: Eligible	Examination form No.: 029723 	Division/Section: D	Roll No.: 442	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAIPURE RAJU MOHAN	Mother's Name: ANJANA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: रायपुरे राजू मोहन
--

Address: HALAV POOL PIPE LINE BARVE ROAD SAIBABA MANDIR KURLA W

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

Telephone no.:	Mobile no: 919022896894	Email : amanturwade@gmail.com
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DOB: Aug 06, 1999	Category: Reserved (VJ/DT(A))	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236037 (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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Abhay

PRN: 2017016400851747	Eligibility Status: Eligible	Examination form No.: 029724 	Division/Section: E	Roll No.: 526
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGH ABHAY ARJUN	Mother's Name: GAYATRI	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: अभय अर्जुन सिंग
--

Address: 66/19, KUNTI DEVI RAM BACHCHAN CHAWL HANUMAN MANDIR, PIPE ROAD

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

Telephone no.:	Mobile no: 919821307033	Email : gayatrisingh.as2000@gmail.com
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DOB: Jan 22, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236161 (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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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400851755	Eligibility Status: Eligible	Examination form No.: 029725 	Division/Section: E	Roll No.: 554	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TOPRANI VAIBHAV YOGESH	Mother's Name: ASHA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: टोपरानी वैभव योगेश

Address: A/301 NAYLKARAN BLDG GANDHINAGAR GHATKOPAR WEST MUMBAI 400086
--

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

Telephone no.:	Mobile no: 918655756858	Email : vaibhavtoprani9@gmail.com
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DOB: Sep 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: 0236206 (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)
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA []
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA []
3	83013	Business Economics VI	Th-UA []
4	83014	Commerce VI	Th-UA []
5	83015	Direct and Indirect Taxation Paper II	Th-CA []
6	83016	Export Marketing Paper II	Th-CA []

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

PRN: 2017016400851852	Eligibility Status: Eligible	Examination form No.: 029726 	Division/Section: F	Roll No.: 749
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TILAVE SAYALI SURYAKANT	Mother's Name: SUJATA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: टीलवे

Address: ROOM NO.4 JAY BHAVANI NIWAS UTKARSH NAGAR BHANDUP (W)

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

Telephone no.:	Mobile no: 919769065482	Email : sayaltilave2000@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: 0236203 (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:		



University of Mumbai, Mumbai

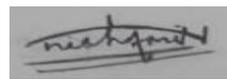
<http://mum.digitaluniversity.ac/>

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: 2017016400851867	Eligibility Status: Eligible	Examination form No.: 029727 	Division/Section: F	Roll No.: 601
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AMIN NISHA CHITTARANJAN	Mother's Name: SUJATHA	Gender: Female
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Name in Vernacular Language: निशा

Address: VASUDHA, 'A' WING, FLAT NO.2002, 20TH FLOOR DOSTI VIHAR, KORAN ROAD,

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

Telephone no.: 25881362	Mobile no: 918452882661	Email : aminnisha7@gmail.com
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DOB: Apr 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: 0235604 (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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Chaitrali

PRN: 2017016400851995	Eligibility Status: Eligible	Examination form No.: 029728 	Division/Section: A	Roll No.: 125
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATNE CHAITRALI ANAND	Mother's Name: JYOTSNA	Gender: Female
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Name in Vernacular Language: पाटणे चैत्राली आनंद

Address: Plot No. 588, Kher Section Ambarnath East

City: Ambarnath, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421501

Telephone no.:	Mobile no: 919422779670	Email : patnechaitrali1999@gmail.com
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DOB: Mar 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: 0236305 (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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PRN: 2017016400852035	Eligibility Status: Eligible	Examination form No.: 029729 	Division/Section: A	Roll No.: 127
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AGARWAL AAKASH MAHENDRA	Mother's Name: SHARMILA	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: आकाश

Address: 211, Agrawal Nagar, Vasi naka Chembur

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

Telephone no.:	Mobile no: 918879195644	Email : agarwalaakash633@gmail.com
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DOB: May 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: 0236247 (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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PRN: 2017016400852333	Eligibility Status: Eligible	Examination form No.: 029730 	Division/Section: E	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH MAITRI HARISH	Mother's Name: ILA	Gender: Female
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Name in Vernacular Language: शाह मैत्री हरीश
--

Address: B-409, BHAGRIMATA CO. OP SOCIETY, P. K. ROAD, OPP. ST MARRY SCHOOL MULUND WEST

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

Telephone no.:	Mobile no: 917738282081	Email : maitris331@gmail.com
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DOB: Dec 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: 0236105 (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: 2017016400987493	Eligibility Status: Eligible	Examination form No.: 029731 	Division/Section: F	Roll No.: 658
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN MASUK MOHD SHAH NIYAZ	Mother's Name: SHADMA	Gender: Male
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Name in Vernacular Language: खान मासुक मोहम्मद शाह नियाज

Address: 102, MAJEED APARTMENT, NEW HALL ROAD, KURLA WEST,

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

Telephone no.:	Mobile no: 919987477935	Email : khanshahrukh533@yahoo.com
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DOB: Aug 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: 0235869 (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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Ashish

PRN: 2017016400987504	Eligibility Status: Eligible	Examination form No.: 029732 	Division/Section: C	Roll No.: 213
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BARSNNIYA NIKHIL NARSHI	Mother's Name: BHAVNA	Gender: Male
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Name in Vernacular Language: बरसाणिया निखिल नरशी

Address: ROOM NO:- 13 , CHAWL NO :- 3 BHOLAYADAV CHAWL , SHUBHASH NAGAR ASALFA , GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919769652206	Email : Nikhilpateltp@gmail.com
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DOB: Aug 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: 0235619 (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:

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: 2017016400987527	Eligibility Status: Eligible	Examination form No.: 029733 	Division/Section: E	Roll No.: 565	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VISHWAKARMA PRASHANT NANDLAL	Mother's Name: SUNITA	Gender: Male
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Name in Vernacular Language: वशीकर

Address: shanti society, anandgadh parksite vikhroli(w)

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

Telephone no.:	Mobile no: 919594786019	Email : bagaboss786@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: 0236225 (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)
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA []
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA []
3	83013	Business Economics VI	Th-UA []
4	83014	Commerce VI	Th-UA []
5	83015	Direct and Indirect Taxation Paper II	Th-CA []
6	83016	Export Marketing Paper II	Th-CA []

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

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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Rishabh

PRN: 2017016400987535	Eligibility Status: Eligible	Examination form No.: 029734 	Division/Section: B	Roll No.: 131
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BADALA RISHABH KHYALILAL	Mother's Name: ANITA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: बंढाला रिषभ ख्यालीलाल

Address: 17/C ROOM NO 503 BHIKSHU DARSHN INDIAN OIL NAGAR GOVANDI

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

Telephone no.:	Mobile no: 917738798045	Email : khyalijain6@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: 0235613 (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):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016400987543	Eligibility Status: Eligible	Examination form No.: 029735 	Division/Section: A	Roll No.: 78	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL VINAYAK HAUSILA PRASAD	Mother's Name: LALTI DEVI	Gender: Male
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Name in Vernacular Language: विनायक

Address: Kamgar Nagar no.2 room no.150 New Prabhadevi road n.m Joshi marg Mumbai - 400025

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400025

Telephone no.: 022 Mobile no: 917666779589 Email : vinayapatel@gmail.com

DOB: Apr 10, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235999 (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

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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D.P.

PRN: 2017016400987551	Eligibility Status: Eligible	Examination form No.: 029736 	Division/Section: E	Roll No.: 579
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAREKH DHARMIL BHAVIN	Mother's Name: HARSHA	Gender: Male
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Name in Vernacular Language: DHARMIL

Address: B/13 SHITAL APT, PLOT NO 96,GARODIA NAGAR GAHTKOPAR (EAST) ., MUMBAI 400077.

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

Telephone no.: 25060115	Mobile no: 918454830011	Email : parekhdharmil39@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: 0235975 (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: 2017016401211047	Eligibility Status: Eligible	Examination form No.: 029737 	Division/Section: D	Roll No.: 367
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KOTIAN KAAVYA PUSHPARAJ	Mother's Name: RAJIVIE	Gender: Female
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Name in Vernacular Language: काव्या पुष्परज कोटीण

Address: A-103, Oasis Vasant Oscar L. B. S. Mary, Mulund (West)

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 919820149803	Email : raji_kotian@hotmail.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: 0235886 (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: 2017016401333141	Eligibility Status: Eligible	Examination form No.: 029738 	Division/Section: F	Roll No.: 707	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAJGOR RIYA NILESH	Mother's Name: RUPAL	Gender: Female
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Name in Vernacular Language:riya

Address: 503,room-403,shiv shrujan society, pipline road, tilaknagar , chembur , mumbai-89
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City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400089

Telephone no.:	Mobile no: 919769526430	Email : riyarajgor1499@gmial.com
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DOB: Sep 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: 0236041 (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

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: 2017016401333493	Eligibility Status: Eligible	Examination form No.: 029739 	Division/Section: F	Roll No.: 748
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: THAKKAR VISHWA KETAN	Mother's Name: RAKHI	Gender: Female
Name in Vernacular Language: (किरा)		
Address: B-10, GURUNANAK NIWAS, GOPAL BHUVAN, GHATKOPAR(W),		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 917718909695	Email : vishwathakkar261@gmail.com
DOB: Jan 26, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236199 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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Gyinal

PRN: 2017016401411386	Eligibility Status: Eligible	Examination form No.: 029740 	Division/Section: C	Roll No.: 282
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GALA MIRAL SANJAY	Mother's Name: SEJAL	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: गाला मीराला संजय

Address: ROOM NO-4469. BLDG NO-127 JEEVAN DEEP CHS TILAK NAGAR

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

Telephone no.:	Mobile no: 918879152762	Email : GALAMIRAL4@GMAIL.COM
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DOB: Dec 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: 0235737 (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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Mittal

PRN: 2017016401411394	Eligibility Status: Eligible	Examination form No.: 029741 	Division/Section: C	Roll No.: 226
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI MITTAL SHANKARLAL	Mother's Name: PRABHABEN	Gender: Female
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Name in Vernacular Language: भानुशाली मित्तल शंकरलाल
--

Address: c-34, jawahar nagar near ongc colony vidyavihar east

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

Telephone no.:	Mobile no: 919619641504	Email : mehulbhanu568@gmail.com
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DOB: Feb 22, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235636 (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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Rodricks

PRN: 2017016401411413	Eligibility Status: Eligible	Examination form No.: 029742 	Division/Section: E	Roll No.: 470
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: RODRICKS SWIZEL SAMSON	Mother's Name: RITA	Gender: Female
Name in Vernacular Language: रॉड्रिक्स स्वीज़ल शमशोन		
Address: FRANCIS JOHN DMELLO HOUSE ROOM NO. 2, LOWER PAKADI, KANJURMARG EAST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400042		
Telephone no.:	Mobile no: 919821087616	Email : swizelrodicks@gmail.com
DOB: Dec 02, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236314 (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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Manisha

PRN: 2017016401411421	Eligibility Status: Eligible	Examination form No.: 029743 	Division/Section: E	Roll No.: 466
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAULO MANISHA RABINDRA	Mother's Name: KURI	Gender: Female
---	---------------------	----------------

Name in Vernacular Language: राऊलो मनीषा रबिन्द्र

Address: AMAR NAGAR NAUPADA, ROOM NO. 2 KURLA KAMANI

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

Telephone no.:	Mobile no: 919967414923	Email : manisha.raulo2000@gmail.com
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DOB: Oct 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: 0236312 (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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Saleha

PRN: 2017016401411436	Eligibility Status: Eligible	Examination form No.: 029744 	Division/Section: E	Roll No.: 506
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH SALEHA AKHTAR	Mother's Name: SHABBO	Gender: Female
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Name in Vernacular Language: शेख सालेह अख्तर

Address: rita mary chawl, hall village kurla west

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

Telephone no.:	Mobile no: 918452836616	Email : salehashaikh@gmail.com
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DOB: Mar 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236322 (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:		



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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Katariya

PRN: 2017016401411444	Eligibility Status: Eligible	Examination form No.: 029745 	Division/Section: A	Roll No.: 122
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KATARIYA YASH LAHERI	Mother's Name: GEETA	Gender: Male
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Name in Vernacular Language: YASH

Address: B-6/2 MAHAVIR SHIKHAR, LBS ROAD, MULUND WEST, MUMBAI:-400080

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.: 25602565	Mobile no: 918779744077	Email : katariyayash16@gmail.com
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DOB: Feb 25, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235857 (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:		



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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Signature

PRN: 2017016401411467	Eligibility Status: Eligible	Examination form No.: 029746 	Division/Section: F	Roll No.: 728
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH ASHFAQ ALLAHBHAKSH	Mother's Name: NAZMUNISSA	Gender: Male
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Name in Vernacular Language: शेख अशफाक अल्लाहभक्ष

Address: TILAK NAGAR BLDG NO 31 ROOM NO 602 GHATKOPAR EAST

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

Telephone no.: Mobile no: 918850278789 Email : SHAIKHASHFAQ515@GMAIL.COM

DOB: Apr 11, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236122 (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):

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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:		