



# 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:

2017016401411475

Eligibility Status:

Eligible

Examination form No.:

029747



Division/Section:

E

Roll No.:

479

Jash A Sanghvi

Instruction Medium:

Nationality:

India

### Student's Personal Information

Student's Name: SANGHVI JASH AMIT

Mother's Name: RAJUL

Gender: Male

Name in Vernacular Language: संघवी जसे अमित

Address: 1006 GIRIRAJ NEELKANTH VALLEY RAJAWADI 7TH RD GHATKOPAR EAST

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

Telephone no.:

Mobile no: 919819780201

Email : jash.sanghvi@yahoo.com

DOB: Jul 29, 1999

Category: Open

Physically Handicap: No

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

Exam Event: Apr-2019

Seat No: 0415758 (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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SHAMIN

PRN: 2017016401411483	Eligibility Status: Eligible	Examination form No.: 029748 	Division/Section: D	Roll No.: 381
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MORAES SHARMIN SALVADOR</b>	Mother's Name: CECILIA	Gender: Female
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Name in Vernacular Language: मोराएस शर्मीन सल्वडोर

Address: 406 LOTUS BUILDING, 60FT ROAD, GHATKOPAR EAST

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

Telephone no.:	Mobile no: 919167447723	Email : SHAMINMORAES@GMAIL.COM
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DOB: Nov 30, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235923 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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*Telange*

PRN: 2017016401411502	Eligibility Status: Eligible	Examination form No.: 029749 	Division/Section: E	Roll No.: 544
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TELANGE TIRUPATI KISAN</b>	Mother's Name: SUBHADRABAI	Gender: Male
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Name in Vernacular Language: तेलंगे तिरुपती किसन

Address: 11/D-1/202, SHREE SIDDHIVINAYAK CHS, CHANDIVALI FARM ROAD ANDHERI EAST

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

Telephone no.:	Mobile no: 919702174027	Email : tirupatitelange09@gmail.com
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DOB: Mar 31, 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: 0236189 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

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



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PRN: 2017016401411517	Eligibility Status: Eligible	Examination form No.: 029750 	Division/Section: D	Roll No.: 405
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PARAB SHRADDHA PRAMOD</b>	Mother's Name: PRATIBHA	Gender: Female
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Name in Vernacular Language: परब श्रद्धा प्रमोद

Address: C-9, SIHANGADH CHS, KAJUPADA KURLA WEST

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

Telephone no.:	Mobile no: 918879341762	Email : SHRADDHAPARAB2699@GMAIL.COM
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DOB: Sep 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415743 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

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



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*Mansi Ajit Kalekar*

PRN: 2017016401411525	Eligibility Status: Eligible	Examination form No.: 029751 	Division/Section: D	Roll No.: 348
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KALEKAR MANSI AJIT</b>	Mother's Name: ANUJA	Gender: Female
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Name in Vernacular Language: कालेकर मानसी अजित

Address: ROOM NO. 7, 2ND FLOOR, NEEL AKASH BLDG CHS., NEW D.P. ROAD, TULSI COMPLEX,

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 421503

Telephone no.:	Mobile no: 919850260439	Email : MANSIKALEKAR12@GMAIL.COM
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DOB: Aug 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: 0235843 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401411533	Eligibility Status: Eligible	Examination form No.: 029752 	Division/Section: A	Roll No.: 85
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAMANE AKSHATA ANIL</b>	Mother's Name: VARSHA	Gender: Female
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Name in Vernacular Language: रामाने अक्षता अनिल

Address: TARUN VIKAS MANDAL GOLIBAR ROAD, ATLAF NAGAR GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919987319906	Email : akshuramane24@gmail.com
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DOB: Apr 11, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236044 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

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



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*Farheen*

PRN: 2017016401411541	Eligibility Status: Eligible	Examination form No.: 029753 	Division/Section: E	Roll No.: 575
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>FARHEEN BANO HASRAT ALI</b>	Mother's Name: SHABANA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: फरही बानो हर्षत अली

Address: NEAR URDU MUNICIPAL SCHOOL, ROOM NO 1, HASARAT BAKERY STORE, SEVAK NAGAR, JARI MARI, KURLA ANDHERI RD, SAKINAKA

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

Telephone no.:	Mobile no: 918433778469	Email : SAYYEDASLAM331@GMAIL.COM
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DOB: Feb 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: 0235592 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

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



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Unnati

PRN: 2017016401411556	Eligibility Status: Eligible	Examination form No.: 029754 	Division/Section: E	Roll No.: 585
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL UNNATI SHARDA</b>	Mother's Name: SHARDA	Gender: Female
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Name in Vernacular Language: पटेल उन्नती शारदा

Address: 2/9 JAWAHAR NAGAR, NEAR ONGC COLONY VIDYAVIHAR EAST

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

Telephone no.:	Mobile no: 919869818756	Email : PATELUNNATI159@GMAIL.COM
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DOB: Mar 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: 0235997 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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	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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*Pardhi*

PRN: 2017016401411564	Eligibility Status: Eligible	Examination form No.: 029755 	Division/Section: F	Roll No.: 691
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PARDHI AKSHATA CHANDRAKANT</b>	Mother's Name: ALKA	Gender: Female
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Name in Vernacular Language: पारधी अक्षता चंद्रकांत

Address: NAVNATH CHAWL COMM NO 2, JAMIL NAGAR

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

Telephone no.:	Mobile no: 919619321081	Email : akshatapardhi09@gmail.com
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DOB: Jun 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415952 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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PRN: 2017016401411587	Eligibility Status: Eligible	Examination form No.: 029756 	Division/Section: A	Roll No.: 2	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>AMIN AISHWARYA ANAND</b>	Mother's Name: ASHA	Gender: Female
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Name in Vernacular Language: ऐश्वर्या अनंद अमीन

Address: 304 blue gaiety, Beegees, pai colony, ram baug lane 5 kalyan west

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

Telephone no.:	Mobile no: 917021533358	Email : aishu9867@gmail.com
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DOB: Oct 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: 0235603 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401411595	Eligibility Status: Eligible	Examination form No.: 029757 	Division/Section: A	Roll No.: 75
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL HIRAL RAVINDRA</b>	Mother's Name: JAYA	Gender: Female
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Name in Vernacular Language: पटेल हिरल रवींद्र

Address: 2/19, KAILASH NAGAR PLOT NO-23, M G ROAD , BHAVESHWAR MARG, RAJWADI,

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

Telephone no.:	Mobile no: 919969272951	Email : PHIRAL907@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: 0236303 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Shivani*

PRN: 2017016401411606	Eligibility Status: Eligible	Examination form No.: 029758 	Division/Section: C	Roll No.: 284
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GALA SHIVANI PRAVIN</b>	Mother's Name: RANJANBEN	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: गाला शिवानी प्रवीण

Address: ROOM NO-11, PATIL BHUVAN STATION ROAD, CHALW NO-E, BHANDUP WEST

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

Telephone no.: Mobile no: 918108594557 Email : shivugala80@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235739 (Status: ATKT)

Exam form appearance type: Fresher

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

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

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

### Payment Details:

Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

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

Place: **Vidyavihar**  
Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

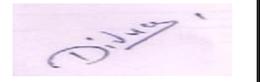
<http://mum.digitaluniversity.ac/>

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PRN: 2017016401411614	Eligibility Status: Eligible	Examination form No.: 029759 	Division/Section: C	Roll No.: 308
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: ISASARIYA DIVYA BHARAT	Mother's Name: NATHIBEN	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: इसासरीया दिव्या भरत

Address: 403, JAIN SHIVAM APRTMENT JIVDAYA LANE, LBS MARG, GHATKOPAR WEST

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

Telephone no.:	Mobile no: 917045899818	Email : DIVYA50ISASARIYA@GMAIL.COM
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DOB: Apr 05, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415921 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

PRN: 2017016401411622	Eligibility Status: Eligible	Examination form No.: 029760 	Division/Section: E	Roll No.: 613
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DHURI RAKHI CHANDRAKANT</b>	Mother's Name: SUJATA	Gender: Female
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Name in Vernacular Language: धुरी राखी चंद्रकांत

Address: B/12, ROOM NO.5, BARVE NAGAR COLONY R.B.KADAM MARG NEAR MUKTABAI HOSPITAL, BHATWADI

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

Telephone no.:	Mobile no: 918652875791	Email : virajexport@gmail.com
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DOB: Aug 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0164620 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401411637	Eligibility Status: Eligible	Examination form No.: 029761 	Division/Section: B	Roll No.: 179
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH VIDHI PARESH</b>	Mother's Name: KAVITA	Gender: Female
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Name in Vernacular Language: शाह विधी परेश
--

Address: 3, MEENA LOCHANA R B MEHTA MARG GHATKOPAR EAST
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077
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Telephone no.:	Mobile no: 919619988496	Email : vidhishah99@icloud.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: 0236115 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401411645	Eligibility Status: Eligible	Examination form No.: 029762 	Division/Section: F	Roll No.: 659
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: KHAN NADIYA MEHTAB	Mother's Name: ANEDA KHATOON	Gender: Female
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Name in Vernacular Language: खान नदिया मेहताब

Address: 104/54, KAVERI C-WING, V.B. NAGAR PIPE ROAD

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

Telephone no.:	Mobile no: 919619389813	Email : AFRINNAGORI98@GMAIL.COM
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DOB: May 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415647 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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

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PRN: 2017016401411676	Eligibility Status: Eligible	Examination form No.: 029763 	Division/Section: C	Roll No.: 324	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH MUSKAN MAULA</b>	Mother's Name: FATMA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: शेख मुस्कान मौला
---

Address: ROOM NO C/32 JAI AMBE SOCIETY SUNDAR BAUG KAMANI
---

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

Telephone no.:	Mobile no: 917738605991	Email : ms5026811@gmail.com
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DOB: Jan 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236126 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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*Bhavika Patel*

PRN: 2017016401411692	Eligibility Status: Eligible	Examination form No.: 029764 	Division/Section: D	Roll No.: 413
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL BHAVIKA ASHOK</b>	Mother's Name: HEMA	Gender: Female
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Name in Vernacular Language: पटेल भाविका अशोक

Address: BARAMATI CHAWL, AMBEDKAR NAGAR JARIMARI KURLA ANDHERI ROAD KURLA MUMBAI 72

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

Telephone no.:	Mobile no: 919769074016	Email : BHAVIKAPATEL905@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: 0235985 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401411703	Eligibility Status: Eligible	Examination form No.: 029765 	Division/Section: E	Roll No.: 513	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHELAR APURVA ABHAY</b>	Mother's Name: PRATIBHA	Gender: Female
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Name in Vernacular Language: अपूर्वा अभय शेलार
--

Address: B-5/16 Rajhans CHS Ghatkopar east Anil Ubhare marg
---

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400075
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Telephone no.: 25001583	Mobile no: 919920603623	Email : apurvaashelar99@gmail.com
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DOB: Jul 25, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415764 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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J Chandra

PRN: 2017016401411711	Eligibility Status: Eligible	Examination form No.: 029766 	Division/Section: C	Roll No.: 221
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHANUSHALI JIGAR KIRIT</b>	Mother's Name: MANJULA	Gender: Male
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Name in Vernacular Language: भानुशाली जिगर किरिट

Address: 2/23, SHASTRI NAGAR, NEAR ONGC COLONY VIDYAVIHAR EAST

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

Telephone no.:	Mobile no: 919969764762	Email : JIGARBHANUSHALI706@GMAIL.COM
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DOB: May 07, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0164605 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401411742	Eligibility Status: Eligible	Examination form No.: 029767 	Division/Section: F	Roll No.: 684	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: PAL ASTHA RAMMURAT	Mother's Name: SUMITRA	Gender: Female
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Name in Vernacular Language: पाल आस्था राममूरत

Address: D1/1 GARIBI HATAV SOCIETY KAJUPADA, PIPELINE KURLA WEST

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

Telephone no.:	Mobile no: 919769078574	Email : ASTHAPAL.AP@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: 0235948 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration 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: 2017016401411757	Eligibility Status: Eligible	Examination form No.: 029768 	Division/Section: A	Roll No.: 84
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAI RAJAT RAMKUMAR</b>	Mother's Name: RANJU	Gender: Female
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Name in Vernacular Language: रजत

Address: Kamlakar Nagar Shri Sai Laxmi Apt. Agason Road

City: Diva, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 400612

Telephone no.:	Mobile no: 919029415374	Email : rajatrai136@gmail.com
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DOB: Jul 04, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415957 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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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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*Prashant*

PRN: 2017016401411765	Eligibility Status: Eligible	Examination form No.: 029769 	Division/Section: E	Roll No.: 461
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAJWADKAR PRATHAMESH PRAVIN</b>	Mother's Name: PRIYA	Gender: Male
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Name in Vernacular Language: राजवाडकर प्रथमेश प्रवीण
--

Address: BLDG NO.187A/6923 KANNAMWAR NAGAR 2 VIKHROLI
---

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

Telephone no.:	Mobile no: 919833662026	Email : prashant_rajwadkar@yahoo.co.in
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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: 0236043 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401411796	Eligibility Status: Eligible	Examination form No.: 029770 	Division/Section: A	Roll No.: 100
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHARMA SHIVNARAYAN RAJKUMAR</b>	Mother's Name: SHELAMDEVI	Gender: Male
--	---------------------------	--------------

Name in Vernacular Language: शर्मा शिवनारायण राजकुमार
---

Address: 19/H-1/001 SHREE GANESH society CHANDIVALI FARM ROAD ANDHERI
---

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

Telephone no.:	Mobile no: 918879284683	Email : shivnarayan708@gmail.com
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DOB: Apr 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: 0236136 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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*Mane*

PRN: 2017016401411807	Eligibility Status: Eligible	Examination form No.: 029771 	Division/Section: D	Roll No.: 374
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MANE DAMINI SHAMSUNDAR</b>	Mother's Name: KALPANA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: माने दामिनी शमसुंदर

Address: 33/112, SWADESHI MILL CHAWL SWADESHI MILL ROAD SION CHUNABHATTI

City: KURLA, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400022

Telephone no.:	Mobile no: 919987181227	Email : PRATIK.GAMBHIR077@GMAIL.COM
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DOB: Sep 07, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0164643 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*[Handwritten Signature]*

PRN: 2017016401411815	Eligibility Status: Eligible	Examination form No.: 029772 	Division/Section: E	Roll No.: 511
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHARMA RUPALI RAMCHANDRA</b>	Mother's Name: RANJANA	Gender: Female
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Name in Vernacular Language: शर्मा रुपाली रामचंद्र

Address: A/502, PRANAY KIRAN, CAMA LANE GHATKOPAR (W)

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

Telephone no.: Mobile no: 919769331486 Email : rupali15k@gmail.com

DOB: Feb 15, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236135 (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. Manjrekar

PRN: 2017016401411831	Eligibility Status: Eligible	Examination form No.: 029773 	Division/Section: A	Roll No.: 58
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SWATI SHANKAR MANJREKAR</b>	Mother's Name: PUSHPA	Gender: Female
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Name in Vernacular Language: स्वाति शंकर मंजरेकार
---

Address: Room no:301/21, Shiv Shai punar niwas, Maharashtra ngr, Mankhurd Maharashtra ngr Mankhurd
--

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

Telephone no.:	Mobile no: 917738628034	Email : shwetamanjrekar9594@gmail.com
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DOB: Jun 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: 0235907 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Reena*

PRN: 2017016401411846	Eligibility Status: Eligible	Examination form No.: 029774 	Division/Section: E	Roll No.: 559
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VAVIYA REENA DAMJIBHAI</b>	Mother's Name: DAIBEN	Gender: Female
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Name in Vernacular Language: ववि्या रीना दामजीभाई

Address: 1, MANUEL CHAWL, SHREE KRISHNA NAGAR, 90 FEET ROAD, SAFEED POOL, KURLA WEST

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

Telephone no.:	Mobile no: 919869512665	Email : reenavaviya18@gmail.com
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DOB: Jan 18, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415782 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Prachi*

PRN: 2017016401411854	Eligibility Status: Eligible	Examination form No.: 029775 	Division/Section: E	Roll No.: 567
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VITHALANI PRACHI AJAY</b>	Mother's Name: MANISHA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: विठलाने प्राची ajay

Address: 601, bldg no. 4 phase 2 neelkhanth park, wayle nagar, khadakpada kalyan west

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

Telephone no.:	Mobile no: 918879064313	Email : prachiaj16@gmail.com
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DOB: Aug 16, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415783 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401411862	Eligibility Status: Provisional	Examination form No.: 029776 	Division/Section: D	Roll No.: 456
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHIVKUMAR BUTANI</b>	Mother's Name: SALONI	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: शिवकुमार बुटानी
--

Address: A6, GOKUL DHAM SOCIETY, GANDHI RD, BARDOLI
---

City: SURAT, Taluka: Bardoli, District: Surat, State: Gujarat, PIN: 394601
--

Telephone no.:	Mobile no: 919408185858	Email : shivpattel0304@gmail.com
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DOB: Apr 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: 0235655 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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K.S.Jagtap

PRN: 2017016401411885	Eligibility Status: Eligible	Examination form No.: 029777 	Division/Section: A	Roll No.: 39
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAGTAP KOMAL SHIVAJI</b>	Mother's Name: CHHAYA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: जगताप कोमल शिवाजी

Address: SABLE NAGAR, SINDHI CAMP BEHIND RAILWAY VIRUS, NEAR SHIVRAI SEVA MANDAL

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

Telephone no.:	Mobile no: 919004760563	Email : KOMALJAGTAP8424@GMAIL.COM
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DOB: Aug 15, 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: 0235805 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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*Patel*

PRN: 2017016401411893	Eligibility Status: Eligible	Examination form No.: 029778 	Division/Section: D	Roll No.: 415
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL JEEL UMESH</b>	Mother's Name: NEETA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: पटेल जिल् उमेश

Address: 87,B-WING, 202 TILAK NAGAR chembur

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

Telephone no.: Mobile no: 919029296622 Email : JEELPATEL200028@GMAIL.COM

DOB: Apr 28, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235987 (Status: Pass)

Exam form appearance type: Fresher

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

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

Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees

Mark Statement Fee Total:

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

### To, The Controller of Examination,

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

Place: **Vidyavihar**  
Date:  
  
Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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PRN: 2017016401411904	Eligibility Status: Eligible	Examination form No.: 029779 	Division/Section: D	Roll No.: 392	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NASKAR AAKASH DILIP</b>	Mother's Name: KUKULI	Gender: Male
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Name in Vernacular Language: नस्कर आकाश दिलीप

Address: R NO 1 SAI KRUPA SOCIETY KRANTI NAGAR T P ROAD BHANDUP WEST

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

Telephone no.:	Mobile no: 919892719816	Email : aakash0801@gmail.com
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DOB: Jan 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415740 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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*[Handwritten Signature]*

PRN: 2017016401411912	Eligibility Status: Eligible	Examination form No.: 029780 	Division/Section: C	Roll No.: 295
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GORI RIYA HEMRAJ</b>	Mother's Name: DAMYANTI	Gender: Female
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Name in Vernacular Language: गौरी रिया हेमराज

Address: 204 PARADISE PLAZA NAVROJI LANE GHATKOPAR W

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

Telephone no.:	Mobile no: 919594406388	Email : riyagori869@gmail.com
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DOB: Sep 13, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415831 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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*Sachi*

PRN: 2017016401411927	Eligibility Status: Eligible	Examination form No.: 029781 	Division/Section: D	Roll No.: 436
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>PODDAR SACHI HEMANT KUMAR</b>	Mother's Name: POOJA	Gender: Female
Name in Vernacular Language: पौद्दार साची हेमंत कुमार		
Address: 12/1, DEV DAYA NAGAR CHS, POKHRAN ROAD NO.1, OPP.COSMOS PARADISE,		
City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400606		
Telephone no.:	Mobile no: 919594470756	Email : sofjiap14@gmail.com
DOB: Dec 14, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0322175 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401411935	Eligibility Status: Eligible	Examination form No.: 029782 	Division/Section: E	Roll No.: 564	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VISHARIYA VIDHI MEHUL</b>	Mother's Name: CHANDRIKA	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: Vishariya vidhi mehul
--

Address: Room number 5 , Trivedi Bhuvan R.R.T road , mulund ( west ) Mumbai - 400080
--

City: Mumbai , Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 919323166556	Email : vidhivishariya@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: 0236224 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016401411943	Eligibility Status: Eligible	Examination form No.: 029783 	Division/Section: E	Roll No.: 586	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GUPTA DEEPAK OMPRAKASH</b>	Mother's Name: RITA	Gender: Male
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Name in Vernacular Language: गुप्ता दीपक ओमप्रकाश

Address: ROOM NO 303 BLDG NO 19 WING A KIROL ROAD KURLA WEST

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

Telephone no.:	Mobile no: 919699791230	Email : manikcafegroup@gmail.com
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DOB: Sep 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: 0235771 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401411951	Eligibility Status: Eligible	Examination form No.: 029784 	Division/Section: D	Roll No.: 366
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KOTHARI MANSI RAJESH</b>	Mother's Name: NEETA	Gender: Female
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Name in Vernacular Language: MANSI
------------------------------------

Address: 302,VIJAY NIWAS,GOPAL LANE,GHATKOPAR (WEST) MUMBAI-400086
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 919619598424	Email : jainmansi29110.21@gmail.com
----------------	-------------------------	-------------------------------------

DOB: Nov 29, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236284 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016401411966	Eligibility Status: Eligible	Examination form No.: 029785 	Division/Section: E	Roll No.: 589	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>WARDHAWALA MURTAZA MUDER</b>	Mother's Name: ARWA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: वर्धावाला मुर्तजा मुदर

Address: 314/315, 3rd floor, fatema building, zainy society, next to mumbra police station, anand koliwada, mumbra

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

Telephone no.: 25460846	Mobile no: 918976347518	Email : murtazawarda@gmail.com
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DOB: Oct 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236237 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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



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*Romil Gangar*

PRN: 2017016401411974	Eligibility Status: Eligible	Examination form No.: 029786 	Division/Section: F	Roll No.: 624
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GANGAR ROMIL DHIRAJ</b>	Mother's Name: RASHMI	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: गंगर रोमिल धीरज

Address: 7-A/804, KUKREJA COMPLEX BHANDUP WEST

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

Telephone no.:	Mobile no: 919930095431	Email : romil.gangar74@gmail.com
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DOB: Jul 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0164583 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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*Signature*

PRN: 2017016401411982	Eligibility Status: Eligible	Examination form No.: 029787 	Division/Section: F	Roll No.: 715
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SARJINE RHUTUJA VIJAY</b>	Mother's Name: SHUBHADA	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: सर्जिने ऋतुजा विजय

Address: OM SHIV SHAKTI COMPLEX, G-WING, ROOM NO. 104, BANGAR NAGAR, KALHER

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 421302

Telephone no.:	Mobile no: 919870961008	Email : RHUTUJASARJINE@GMAIL.COM
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DOB: Feb 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0322343 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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*BRID*

PRN: 2017016401411997	Eligibility Status: Eligible	Examination form No.: 029788 	Division/Section: C	Roll No.: 235
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BRID YUTIKA BAGARAM</b>	Mother's Name: YOGITA	Gender: Female
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Name in Vernacular Language: ब्रीद युटिका बगराम

Address: 369/12 dsilva chawl , hall villege kurla west

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

Telephone no.:	Mobile no: 919773236557	Email : yutika123@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: 0235653 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401412014	Eligibility Status: Eligible	Examination form No.: 029789 	Division/Section: F	Roll No.: 755	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>WAGRE ROHINI MARUTI</b>	Mother's Name: SUREKHA	Gender: Female
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Name in Vernacular Language: Rohini
-------------------------------------

Address: Room no 6 chaube chawl tanajiwadi
--

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

Telephone no.:	Mobile no: 918268405917	Email : rohiniwagre03091999@gmail.com
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DOB: Sep 03, 1999	Category: Reserved (NT-2 (NT-C))	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236234 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Krinal Vagadiya*

PRN: 2017016401412037	Eligibility Status: Eligible	Examination form No.: 029790 	Division/Section: A	Roll No.: 111
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VAGADIYA KRINA GIRISH</b>	Mother's Name: VIJAYA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: वागडीया करिना गिरीशभाई

Address: DHARAVI KHUMBAR WADA, NEW CHAWL 4TH WADI, MATUNGA

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400017

Telephone no.:	Mobile no: 919920766094	Email : krinavagadiya@gmail.com
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DOB: Oct 29, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415781 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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Application Form for Examination of Summer Session 2020 event.

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

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PRN: 2017016401412092	Eligibility Status: Eligible	Examination form No.: 029791 	Division/Section: D	Roll No.: 431	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: PAWAR SHEJAL KISAN	Mother's Name: KAVITA	Gender: Female
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Name in Vernacular Language: शेजूळ पवार

Address: C/502,SAROVAR DARSHAN TOWER C/502,SAROVAR DARSHAN TOWER

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

Telephone no.:	Mobile no: 919029558919	Email : SEJALPAWAR23@YAHOO.COM
----------------	-------------------------	--------------------------------

DOB: May 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: 0236307 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: 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: 2017016401412111	Eligibility Status: Eligible	Examination form No.: 029792 	Division/Section: E	Roll No.: 525	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SIHOTE SIDDHARTH RAJESH</b>	Mother's Name: SANDHYA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language:सिहोटे सिद्धार्थ राजेश
--

Address: ROOM NO.1 VM PAWAR CHAWAL NEAR SARVODYA SCHOOL GHATKOPAR WEST MUMBAI
---

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

Telephone no.:	Mobile no: 918879768530	Email : siddharthsihote7@gmail.com
----------------	-------------------------	------------------------------------

DOB: Sep 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: 0236160 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

Student's Signature

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

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



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

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PRN: 2017016401412126	Eligibility Status: Eligible	Examination form No.: 029793 	Division/Section: D	Roll No.: 443
Instruction Medium:			Nationality:	India

### Student's Personal Information

Student's Name: <b>RAJGOR HITIK CHETAN</b>	Mother's Name: NISHA	Gender: Male
Name in Vernacular Language: रीरर		
Address: 307,JAGRUTI SOCIETY VITTHAL NAGR,S.L.ROAD MULUND (W),MUMBAI 400080		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080		
Telephone no.:	Mobile no: 917506993030	Email : rjhitik@gmail.com
DOB: Jul 02, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0322336 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016401445174	Eligibility Status: Eligible	Examination form No.: 029794 	Division/Section: A	Roll No.: 81	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>POOJA MUTHURAJ</b>	Mother's Name: MANIMEGHALE	Gender: Female
---------------------------------------	----------------------------	----------------

Name in Vernacular Language: पूजा मुथुराज

Address: A11, SAROJ NIWAS, BHATIPADA CROSS RD BHANDUP WEST

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

Telephone no.:	Mobile no: 919967549528	Email : POOJAMATHURAJ2015@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: 0235595 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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*Shavan*

PRN: 2017016401471047	Eligibility Status: Eligible	Examination form No.: 029795 	Division/Section: C	Roll No.: 244
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHAVAN SHANTANU RAMESH</b>	Mother's Name: VIMAL	Gender: Male
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Name in Vernacular Language: चव्हाण शंतनु रमेश

Address: 104, SIDDHESHWAR CHS PAKHADI KHAREGAON KALWA WEST

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

Telephone no.:	Mobile no: 919004398468	Email : CHAVAN.SHANTANU.10@GMAIL.COM
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DOB: Nov 15, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415720 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Shinde*

PRN: 2017016401604407	Eligibility Status: Eligible	Examination form No.: 029796 	Division/Section: A	Roll No.: 102
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHINDE ULKA GAUTAM</b>	Mother's Name: UJWALA	Gender: Female
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Name in Vernacular Language: शिंदे उल्का गौतम उज्वला

Address: B WING, ROOM NO. 33 NEW ARPAN CHS AGARKAR ROAD DOMBIVLI (EAST)

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

Telephone no.:	Mobile no: 919967143978	Email : ULKASHND27@GMAIL.COM
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DOB: May 25, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236326 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401605627	Eligibility Status: Eligible	Examination form No.: 029797 	Division/Section: A	Roll No.: 63	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NAYAK MANISHA BHIM</b>	Mother's Name: BHAVNA	Gender: Female
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Name in Vernacular Language: नायक मनीषा भीम भावना

Address: B 29 ANUJA CHS MANPADA ROAD DOMBIVLI (EAST)

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

Telephone no.:	Mobile no: 919920084410	Email : BHIMDS@GMAIL.COM
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DOB: Feb 20, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236297 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Darshana*

PRN: 2017016401606097	Eligibility Status: Eligible	Examination form No.: 029798 	Division/Section: A	Roll No.: 121
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DARSHANA RAGHU</b>	Mother's Name: RAMA	Gender: Female
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Name in Vernacular Language: दर्शना रघु

Address: A-11, ANAND SOCIETY CHS, SHASTRI NAGAR, OFF KOPAR ROAD, DOMBIVLI (W)

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

Telephone no.:	Mobile no: 918097136531	Email : RAGHUDARSHANA6@GMAIL.COM
----------------	-------------------------	----------------------------------

DOB: Sep 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236246 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016401606944	Eligibility Status: Eligible	Examination form No.: 029799 	Division/Section: F	Roll No.: 605
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHANDARY DIVYA BALAKRISHNA</b>	Mother's Name: SUNITA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: भंडारी दिव्या बालकृष्ण सुनीता

Address: 12, SAIDHAM GAIKWAD WADI MP ROAD DOMBILVI

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

Telephone no.:	Mobile no: 919820751097	Email : BHANDARY.DIVYA1999@GMAIL.COM
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DOB: Jun 18, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415713 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016401626217	Eligibility Status: Eligible	Examination form No.: 029800 	Division/Section: B	Roll No.: 156
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>MANDAVIYA SADIYA MOHD BILAL</b>	Mother's Name: REHANA	Gender: Female
Name in Vernacular Language: मंडवीय मिडिया मोहद BILAL		
Address: QURESH NAGAR HAJI KARAMAT ALI ROAD ROOM NO.07 CHAND BI PIRAN CHAWL NO.A/C.46 KURLA KURLA (EAST) MUMBAI		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070		
Telephone no.:	Mobile no: 918097265589	Email : MANDAVIYA786@GMAIL.COM
DOB: Mar 22, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415940 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401795455	Eligibility Status: Eligible	Examination form No.: 029801 	Division/Section: A	Roll No.: 7	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BANGERA SHREYA SHANKAR</b>	Mother's Name: JAYALAXMI	Gender: Female
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Name in Vernacular Language: बंगेरा श्रेया शंकर

Address: B-5/402,ASHAPARK C.H.S ,PANDURANGWADI NEAR MODEL ENGLISH SCHOOL, DOMBIVALI EAST

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

Telephone no.:	Mobile no: 919820865661	Email : shreyabangera122@gmail.com
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DOB: May 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: 0235618 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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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: 2017016401818851	Eligibility Status: Eligible	Examination form No.: 029802 	Division/Section: C	Roll No.: 201	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ACHREKAR ANKUR MAYURESH</b>	Mother's Name: BHAVNA	Gender: Male
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Name in Vernacular Language: आचरेकर अंकुर मयुरेश

Address: ROOM NO-702,WING-X RITU WORLD BARRAGE ROAD,BADLAPUR(WEST).

City: BADLAPUR, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421503

Telephone no.:	Mobile no: 917083981076	Email : ankur02achrekar@gmail.com
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DOB: Feb 11, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415637 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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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*Phavan*

PRN: 2017016401828524	Eligibility Status: Eligible	Examination form No.: 029803 	Division/Section: C	Roll No.: 247	
Instruction Medium:			Nationality: India		

### Student's Personal Information

Student's Name: <b>CHAVAN VAIBHAV VIJAY</b>	Mother's Name: VINITA	Gender: Male
Name in Vernacular Language: वैभव विजय चव्हाण		
Address: 3/16,vrindavan chs. opposite gujrat bhavan hall. sector-15,vashi,navi-mumbai. 400703		
City: navimumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703		
Telephone no.:	Mobile no: 917039709071	Email : vaibhavchavan0925@gmail.com
DOB: Sep 25, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415879 (Status: Pass)
Exam form appearance type: Fresher		

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

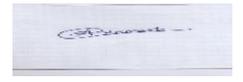
<http://mum.digitaluniversity.ac/>

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PRN: 2017016401849041	Eligibility Status: Eligible	Examination form No.: 029804 	Division/Section: B	Roll No.: 185
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MAPARI ALTAMASH MUSHTAK</b>	Mother's Name: YASMIN	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: मापारी अलतमश मुश्ताक

Address: B.H.V.T. BAKERY, 5/3 SALAM CHAWL, HARIYALI VILLAGE, TAGORE NAGAR, VIKHROLI EAST,

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

Telephone no.:	Mobile no: 918655670650	Email : ALTAMASHMAPARI7@GMAIL.COM
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DOB: Aug 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: 0209465 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401934417	Eligibility Status: Eligible	Examination form No.: 029805 	Division/Section: F	Roll No.: 754	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>WAGHELA VINAY NITESH</b>	Mother's Name: USHA	Gender: Male
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Name in Vernacular Language: वाघेला विनाय निवेश

Address: 4/12, Ramabai Wadi Parivar Society, J.N Road, Mulund-west

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

Telephone no.:	Mobile no: 918108853848	Email : vinaywaghela221@gmail.com
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DOB: Jan 18, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415871 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2017016401936061	Eligibility Status: Eligible	Examination form No.: 029806 	Division/Section: C	Roll No.: 291
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GOHIL URVI JAGDISH</b>	Mother's Name: JAMNA	Gender: Female
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Name in Vernacular Language: गोहील उर्वी जगदीश

Address: 503, building no-9, jagruti so S.I road, mulund(w)

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

Telephone no.: 9594417165	Mobile no: 918828295601	Email : Urvigohil2000@gmail.com
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DOB: Apr 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415696 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
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: 2017016401947832	Eligibility Status: Eligible	Examination form No.: 029807 	Division/Section: A	Roll No.: 40
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN PRATIK PRAVIN</b>	Mother's Name: REKHA	Gender: Male
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Name in Vernacular Language: मारवाडी
--------------------------------------

Address: 1002 AYUSHI HEIGHTS BEHIND ST. JOSEPHS CHURCH VIKHROLI WEST .
--

City: MUMBAI, Taluka: MUMBAI , District: Mumbai City, State: Maharashtra, PIN: 400079
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Telephone no.:	Mobile no: 919757241701	Email : PRATIKJAIN1002@GMAIL.COM
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DOB: Nov 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415836 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

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: 2017016401948112	Eligibility Status: Eligible	Examination form No.: 029808 	Division/Section: D	Roll No.: 344
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KADAM MAITHILI MANGESH</b>	Mother's Name: MANALI	Gender: Female
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Name in Vernacular Language: कदम मैथिली मंगेश

Address: B/10, 501, VIJAY PARK KASARWADAVALI, GHODBUNDER RD

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

Telephone no.: 25970116	Mobile no: 919892547673	Email : MAITHILIK99@GMAIL.COM
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DOB: Dec 19, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415872 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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PRN: 2017016402070786	Eligibility Status: Eligible	Examination form No.: 029809 	Division/Section: F	Roll No.: 689
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANMAND PRASAD DATTATRAY</b>	Mother's Name: SUREKHA	Gender: Male
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Name in Vernacular Language: पानमंद प्रसाद दत्तात्रय

Address: SHIVSAGAR RAHIVASHI SANGH, CHAWL NO. 11/4, BEHIND SHANKAR MANDIR, BHATWADI,

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

Telephone no.:	Mobile no: 918108910536	Email : ganeshkale2016@gmail.com
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DOB: Aug 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: 0235965 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2017016402070794	Eligibility Status: Eligible	Examination form No.: 029810 	Division/Section: E	Roll No.: 593	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RABHADIYA MANSI RAMESH</b>	Mother's Name: MEENAKSHI	Gender: Female
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Name in Vernacular Language: मानसी

Address: 2/10 BMC COLONY LBS MARG GHATKOPAR-WEST

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

Telephone no.: Mobile no: 917045024750 Email : meenarabhadiya@gmail.com

DOB: May 22, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem I(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0322333 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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*Paridhi*

PRN: 2017016402070821	Eligibility Status: Eligible	Examination form No.: 029811 	Division/Section: F	Roll No.: 690
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PARDESHI RENUKA VIJAYSINGH</b>	Mother's Name: AANANDI	Gender: Female
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Name in Vernacular Language: परदेशी रेणुका विजयसिंग

Address: ROOM NO 102 ASHTAVINAYAK CHS SAMTA COLONY PANTNAGAR

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

Telephone no.:	Mobile no: 919004464251	Email : manikcafegroup@gmail.com
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DOB: Nov 23, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235972 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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:

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

Venue Preference (Code/Name):

**To, The Controller of Examination,**

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2017016402070836	Eligibility Status: Eligible	Examination form No.: 029812 	Division/Section: C	Roll No.: 296
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GOSAR ARCHI VINAY USHA</b>	Mother's Name: USHA	Gender: Female
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Name in Vernacular Language: गोर रची विनय उषा
---

Address: 701 Vikas Empress Ambhedkar Road Mulund West
---

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 919930642862	Email : archigosar111@gmail.com
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DOB: Jan 16, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235765 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

### Payment Details:

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

### Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016402070844	Eligibility Status: Eligible	Examination form No.: 029813 	Division/Section: E	Roll No.: 489
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAYED ALFIYA EBTEDA HUSAIN</b>	Mother's Name: KAMAR JAHAN	Gender: Female
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Name in Vernacular Language: साईड ऑफिया एबीटेड हुसेन
--

Address: B/2, ROOM NO-15, RAMBACHAN CHAWL, PIPE ROAD
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070
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Telephone no.:	Mobile no: 918652114256	Email : alfiyasayedrizvi@gmail.com
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DOB: Mar 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: 0236088 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

### Payment Details:

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016402070852	Eligibility Status: Eligible	Examination form No.: 029814 	Division/Section: E	Roll No.: 486
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAWANT RAKSHIT RAJESH</b>	Mother's Name: MADHURI	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: सावंत रक्षित राजेश
---

Address: Room no.403/133 A Wing Aamrpali CHS , Mother Dairy Road Nehru Nagar Kurla East Mumbai 400024
---

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

Telephone no.:	Mobile no: 918652737833	Email : rakshit.1971999@gmail.com
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DOB: Jul 19, 1999	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0164668 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016402070875	Eligibility Status: Eligible	Examination form No.: 029815 	Division/Section: A	Roll No.: 37	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JADHAV AARTI SHANKAR</b>	Mother's Name: SHASHIKALA	Gender: Female
---	---------------------------	----------------

Name in Vernacular Language: जाधव आरती शंकर

Address: 406, KIROL ROAD, PREMIER COMPOUND, SRA BLDG NO D/18 KURLA WEST

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

Telephone no.:	Mobile no: 917045413744	Email : jjppaann21@gmail.com
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DOB: Jul 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: 0235797 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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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: 2017016402070883	Eligibility Status: Eligible	Examination form No.: 029816 	Division/Section: C	Roll No.: 228
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>SACHIN PANKAJ BHANUSHALI</b>	Mother's Name: GEETA	Gender: Male
Name in Vernacular Language: सचिन पंकाज भानुशाली		
Address: FLAT NO. 301, BLDG., NO. F-6 GHANSOLI GHARONDA SECTOR-9, GHANSOLI		
City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400701		
Telephone no.:	Mobile no: 919323019389	Email : swayambhanushali@yahoo.com
DOB: Feb 07, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235641 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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PRN: 2017016402070902	Eligibility Status: Eligible	Examination form No.: 029817 	Division/Section: D	Roll No.: 375	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MANSING SARIKA SHIVAJI</b>	Mother's Name: LAXMI	Gender: Female
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Name in Vernacular Language: सारिका शिवाजी मानसिंग

Address: 2/136 TRIVENI SADAN,4TH FLOOR,M.P.MARG,CURREY ROAD

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400012

Telephone no.:	Mobile no: 919702151303	Email : sarikamansing2000@gmail.com
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DOB: Jan 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: 0235908 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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

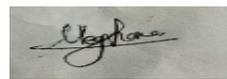
<http://mum.digitaluniversity.ac/>

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: 2017016402070925	Eligibility Status: Eligible	Examination form No.: 029818 	Division/Section: D	Roll No.: 380
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MOHILE MEGHANA MAHESH</b>	Mother's Name: MADHURI	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: मेघना महेश मोहिते

Address: GANGADHAR APARTMENT BUILDING NO.42 NEAR SAI BABA TEMPLE VARTAK NAGAR

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

Telephone no.:	Mobile no: 918108986285	Email : meghana.mohile@gmail.com
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DOB: Feb 02, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415947 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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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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*Devank Gurjar*

PRN: 2017016402070933	Eligibility Status: Provisional	Examination form No.: 029819 	Division/Section: C	Roll No.: 303
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DEVANK GURJAR</b>	Mother's Name: BHAWNA	Gender: Male
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Name in Vernacular Language: देवांक गुर्जर

Address: D 201 PARTH CHS SECTOR 13 PLOT 228 NEAR SHILP CHOWK KHARGHAR

City: KHARGHAR, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410210

Telephone no.:	Mobile no: 917000369571	Email : free.rhyme83@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: 0235781 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

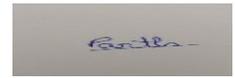
<http://mum.digitaluniversity.ac/>

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: 2017016402070941	Eligibility Status: Eligible	Examination form No.: 029820 	Division/Section: A	Roll No.: 18
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHANDARANA PARTH NITIN</b>	Mother's Name: NAYNA	Gender: Male
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Name in Vernacular Language: PARTH
------------------------------------

Address: 101, Blue Mountain, Yogi Hills, Mulund West Mumbai 400080
--

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

Telephone no.:	Mobile no: 919833315249	Email : ravichandarana1@gmail.com
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DOB: Mar 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235659 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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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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*Pragati*

PRN: 2017016402101671	Eligibility Status: Eligible	Examination form No.: 029821 	Division/Section: C	Roll No.: 204
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>AHIREKAR PRAGATI UMESH</b>	Mother's Name: MANISHA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: अहिरकर प्रगती उमेश

Address: ROOM NO 602 OMKAR CHS 1 GAURISHANKAR WADI NO 2 PANTANAGAR

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

Telephone no.:	Mobile no: 919004262389	Email : ahpragati99@gmail.com
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DOB: Dec 12, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415703 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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*Bhavesh*

PRN: 2017016402101686	Eligibility Status: Eligible	Examination form No.: 029822 	Division/Section: A	Roll No.: 112
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: VARMA BHAVESH RAJENDRA	Mother's Name: SUNITA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: वर्मा भावेश राजेंद्र

Address: D/202, AVANKITA CHS, NEW MANIKLAL, S N MEHTA MARG GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919004873739	Email : ganeshkale2016@gmail.com
----------------	-------------------------	----------------------------------

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: 0236332 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# 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: 2017016402126742	Eligibility Status: Eligible	Examination form No.: 029823 	Division/Section: F	Roll No.: 632
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GUPTA RAHUL KUMAR AKHILESH KUMAR</b>	Mother's Name: ASHA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: गुप्ता राहुल कुमार अखिलेश कुमार
--

Address: LOKMANYA NAGAR, BHAG NO. 2 LBS MARG NR KURLA GARDEN KURLA WEST
---

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

Telephone no.:	Mobile no: 918879221704	Email : RG.156999@GMAIL.COM
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DOB: Jun 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415920 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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PRN: 2017016402136485	Eligibility Status: Provisional	Examination form No.: 029824 	Division/Section: F	Roll No.: 727	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH AMAN AMIN</b>	Mother's Name: KULSUM	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: शैख अमं अमिन

Address: OPP BUILDING NO 168 GHATKOPAR EAST PANCHANGANGA C.H.S. CHAWL NO/19, NAIDU COLONY PANTNAGAR S.O MUMBAI MAHARASHTRA 400075

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

Telephone no.:	Mobile no: 919699300678	Email : AMAANSHAIKH.DJ@GAMIL.COM
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DOB: Apr 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236121 (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):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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

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PRN: 2017016402336522	Eligibility Status: Provisional	Examination form No.: 029825 	Division/Section: F	Roll No.: 677	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: RITESHKUMAR	Mother's Name: LAXMI	Gender: Male
-----------------------------	----------------------	--------------

Name in Vernacular Language: ऋतेशकुमार
--

Address: RAMGADH NAGAR , SAI SADHAN CHAWL GAUSHALA ROAD MULUND WEST
---

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

Telephone no.:	Mobile no: 918828475634	Email : RITESHKMITHAPARA@GMAIL.COM
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DOB: May 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236293 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: 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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PRN: 2017016402758537	Eligibility Status: Eligible	Examination form No.: 029826 	Division/Section: A	Roll No.: 92	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SALVI SUMIT MOTIRAM</b>	Mother's Name: ANITA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: साळवी सुमित मोतीराम

Address: ROOM NO.8, LAXMAN HAIDRABADI CHAWL, GANESH CHOWK, GOLIBAR ROAD, ALTAZ NAGAR GHATKOPAR WEST, MUMBAI-400086

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

Telephone no.:	Mobile no: 918879905596	Email : sumitsalvi@gmail.com
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DOB: Oct 08, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415891 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016402758545	Eligibility Status: Eligible	Examination form No.: 029827 	Division/Section: C	Roll No.: 210	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>AWASTHI AKSHAY SHRIKANT</b>	Mother's Name: MEENA	Gender: Male
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Name in Vernacular Language: अवस्थी अक्षय श्रीकांत

Address: ROOM NO 11 SECOND FLOOR NAVNATH APARTMENT POONA LINK ROAD

City: KALYAN, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421306

Telephone no.:	Mobile no: 918652139098	Email : akshayawasthi29@gmail.com
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DOB: Jun 02, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415708 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016402758553	Eligibility Status: Provisional	Examination form No.: 029828 	Division/Section: E	Roll No.: 523	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>HARSH SHUKLA</b>	Mother's Name: USHA	Gender: Male
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Name in Vernacular Language: HARSH
------------------------------------

Address: MOHAN PALMS 302 O WING BADLAPUR EAST
---

City: BADLAPUR, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421503
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Telephone no.:	Mobile no: 917887881723	Email : harshukla27492@gmail.com
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DOB: Feb 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415875 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

Student's Signature

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

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

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



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PRN: 2017016402758561	Eligibility Status: Provisional	Examination form No.: 029829 	Division/Section: D	Roll No.: 446	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GANATRA KRUPA NILESH</b>	Mother's Name: ALPA	Gender: Female
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Name in Vernacular Language: गणत्रा कृपा निलेश
--

Address: B/605, POLARIS NIRAMALZ GALAZY LBS MARG MULUND WEST
--

City: MULUND, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 919967149550	Email : harshagantra29@gmail.com
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DOB: May 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: 0235740 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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*Priyam*

PRN: 2017016402758576	Eligibility Status: Eligible	Examination form No.: 029830 	Division/Section: B	Roll No.: 145
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN PRIYAM LALIT KALPANA</b>	Mother's Name: KALPANA	Gender: Male
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Name in Vernacular Language: प्रयम ललित जैन कल्पना

Address: BLD NO-74/2012 KANNAMWAR NAGAR-2 VIKHROLI(EAST)

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

Telephone no.:	Mobile no: 919987320130	Email : priyam.lalit.jain.11@gmail.com
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DOB: Sep 11, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415925 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Pratikar*

PRN: 2017016402758592	Eligibility Status: Eligible	Examination form No.: 029831 	Division/Section: E	Roll No.: 596
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHILMKAR PRITI SATISH</b>	Mother's Name: LATA	Gender: Female
--	---------------------	----------------

Name in Vernacular Language: शिळीमकर प्रीती सतीश

Address: GAUTAM NAGAR, RAHIVASHI SANGH, MATCH FACTORY LANE KURLA WEST

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

Telephone no.:	Mobile no: 919768468250	Email : pritishilimkar1998@gmail.com
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DOB: Oct 08, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415892 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016402758611	Eligibility Status: Eligible	Examination form No.: 029832 	Division/Section: B	Roll No.: 177
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: PAWAR VIRAJ VIJAY	Mother's Name: MANASI	Gender: Male
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Name in Vernacular Language: विराज विजय पवार

Address: Bldg No: 158, Room No: 32 Naval Civilian Housing Colony KanjurMarg (west)

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

Telephone no.:	Mobile no: 918070004799	Email : dhoblerushabh1998@gmail.com
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DOB: Jun 14, 1998	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415670 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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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*Kusum*

PRN: 2017016402758626	Eligibility Status: Eligible	Examination form No.: 029833 	Division/Section: A	Roll No.: 29
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: <b>DASARI KUSUM</b>	Mother's Name: BUDIAMA	Gender: Female

Name in Vernacular Language: दसरी कुसुम

Address: PRAKASH NIWAS CHAWL NO 2 KURLA WEST NAVPADA

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

Telephone no.: Mobile no: 918652595538 Email : mishrasoniya1999@gmail.com

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

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0415723 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

**Declaration by Principal/HOD/Chairperson**

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

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



# University of Mumbai, Mumbai

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

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

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*Sakshi*

PRN: 2017016402758657	Eligibility Status: Eligible	Examination form No.: 029834 	Division/Section: D	Roll No.: 334
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN SAKSHI LALCHAND</b>	Mother's Name: PREMA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: जैन साक्षी लालचंद

Address: 3/3 ram lakhan yadav chawl gavdevi road bhandup west mumbai

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

Telephone no.:	Mobile no: 918286068601	Email : jsakshi903@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: 0235819 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Shubham*

PRN: 2017016402758665	Eligibility Status: Eligible	Examination form No.: 029835 	Division/Section: B	Roll No.: 188
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHOBASKAR SHUBHAM VIJAY</b>	Mother's Name: SAYALI	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: शुभम विजय भोबस्कर
--

Address: P5/6, M.E.S Quaters Naval Civilian Housing Colony KanjurMarg (west)
--

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

Telephone no.:	Mobile no: 918652324311	Email : sawantjatin000@gmail.com
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DOB: May 22, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0322267 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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



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E OWN TH

PRN: 2017016402758681	Eligibility Status: Eligible	Examination form No.: 029836 	Division/Section: A	Roll No.: 6
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BAGWE SHUBHAM ANAND</b>	Mother's Name: GAURI	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: बागवे शुभम आनंद
--

Address: 18 A ANNAPURNA BALASAHEB DESAI COLONY N P ROAD NARAYAN NAGAR GHATKOPAR WEST
--

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

Telephone no.:	Mobile no: 917506364747	Email : shubhambagwe@gmail.com
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DOB: Jul 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: 0236251 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2017016402758707	Eligibility Status: Eligible	Examination form No.: 029837 	Division/Section: A	Roll No.: 41
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>JAIN SHAILESH UMESH</b>	Mother's Name: SANGEETA	Gender: Male
Name in Vernacular Language: जैन शैलेश उमेश		
Address: 314/601 PANTNAGAR GHATKOPAR EAST sudarshan bldg ram narkar road		
City: ghatkopar, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075		
Telephone no.:	Mobile no: 918655434740	Email : JAINSHAILESH314601@GMAIL.COM
DOB: Oct 21, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)		Exam Event: Apr-2019
Seat No: 0236273 (Status: Pass)		

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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Prachi

PRN: 2017016402758723	Eligibility Status: Eligible	Examination form No.: 029838 	Division/Section: A	Roll No.: 33
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GADA PRACHI NILESH</b>	Mother's Name: NEETA	Gender: Female
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Name in Vernacular Language: ગાદા પ્રચી નિલેશ
---

Address: 115/3789 nehru nagar kurla east
--

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

Telephone no.:	Mobile no: 919594705070	Email : prachigada49@gmail.com
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DOB: Apr 27, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236268 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration 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: 2017016402818495	Eligibility Status: Eligible	Examination form No.: 029839 	Division/Section: C	Roll No.: 278	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GAJRA DHARMIK PRAVIN</b>	Mother's Name: PRITI	Gender: Male
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Name in Vernacular Language:GAJRA DHARMIK PRAVIN
--

Address: 9/97,SHASHTRI NAGAR NEAR O.N.G.C. COLONY VIDYAVIHAR E
--

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

Telephone no.: 9833009502	Mobile no: 917045398887	Email :
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DOB: Nov 12, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415881 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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DIPALI

PRN: 2018016401079465	Eligibility Status: Provisional	Examination form No.: 029840 	Division/Section: E	Roll No.: 570
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>WAGHMODE DIPALI BALU</b>	Mother's Name: KAVITA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: वाघमोडे दिपाली बाळू

Address: SIDHARTH NAGAR NEAR MUKTABAI HOSP BHATWADI GHATKOPAR

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

Telephone no.:	Mobile no: 919657819870	Email : waghmodedipali20@gmail.com
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DOB: Jul 18, 2000	Category: Reserved (NT-2 (NT-C))	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415786 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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*VRUSHALI*

PRN: 2018016401079481	Eligibility Status: Eligible	Examination form No.: 029841 	Division/Section: A	Roll No.: 31
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: <b>DESAI VRUSHALI VILAS</b>	Mother's Name: VISHAKHA	Gender: Female
Name in Vernacular Language: देसाई वृषाली विलास		
Address: 23, 4TH FLOOR, OM SHREE SAI SAMARTH CHS, NEAR MAHAD MARATHA HALL, KOLSEWADI,		
City: KALYAN, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421306		
Telephone no.:	Mobile no: 919029855672	Email : vrushalid611@gmail.com
DOB: Nov 06, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236266 (Status: Pass)
Exam form appearance type: Fresher		

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

**Declaration by Principal/HOD/Chairperson**

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

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



# University of Mumbai, Mumbai

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*Yash*

PRN: 2018016401079496	Eligibility Status: Provisional	Examination form No.: 029842 	Division/Section: F	Roll No.: 750
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TIWARI YASH ASHOK</b>	Mother's Name: KANCHAN	Gender: Male
--	------------------------	--------------

Name in Vernacular Language:Hindi

Address: Flat number102 Excel park sector 6

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

Telephone no.:	Mobile no: 918860162647	Email : ytiwari391@gmail.com
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DOB: Apr 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: 0236205 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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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<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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



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Pooja

PRN: 2018016401079507	Eligibility Status: Provisional	Examination form No.: 029843 	Division/Section: D	Roll No.: 378
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MISTRI POOJA SHANTILAL</b>	Mother's Name: PINKY	Gender: Female
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Name in Vernacular Language: suthar

Address: vaibhav complex wing A/102 mumba devi diva E

City: thane, Taluka: , District: Mumbai Suburban, State: Maharashtra, PIN: 400612

Telephone no.:	Mobile no: 917715986181	Email : poojamistri15@gmail.com
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DOB: Dec 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415677 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016401079515	Eligibility Status: Provisional	Examination form No.: 029844 	Division/Section: A	Roll No.: 36	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>HARNESHA SHIVANI RAMESH</b>	Mother's Name: CHANDRIKA	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: शिवानी
-------------------------------------

Address: 44/3 shri ram smruti kisan nagar no-3 Thane-(w) 44/3 shri ram smruti kisan nagar no 3 thane w 44/3shri ram smruti kisan nagar no 3 thane w
---

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

Telephone no.:	Mobile no: 919930848991	Email : harneshashivani0@gmail.com
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DOB: Aug 01, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415896 (Status: ATKT)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ;Th-CA [ ]

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Sharmila S.*

PRN: 2018016401721621	Eligibility Status: Provisional	Examination form No.: 029845 	Division/Section: E	Roll No.: 473
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>SAHU SHARMILA HRUSHIKESH</b>	Mother's Name: REETA	Gender: Female
Name in Vernacular Language: Sharmila		
Address: 6/12, nikam chawl ganesh marg vikhroli east Mumbai 83		
City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400008		
Telephone no.:	Mobile no: 918898139594	Email : sharmilasahu600@gmail.com
DOB: Jul 21, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415960 (Status: Pass)
Exam form appearance type: Fresher		

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

**Declaration by Principal/HOD/Chairperson**

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



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Shavya Shah

PRN: 2018016402320281	Eligibility Status: Eligible	Examination form No.: 029846 	Division/Section: E	Roll No.: 492
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH BHAVYA NILESH</b>	Mother's Name: KINNARI	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: शाह भव्य निलेश

Address: SHRI HARI COMPLEX C 202 NEW KAMTGHAR ROAD

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

Telephone no.:	Mobile no: 918149742587	Email : nileshkbnshah@gmail.com
----------------	-------------------------	---------------------------------

DOB: Sep 18, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415969 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2019016401952263	Eligibility Status: Eligible	Examination form No.: 029847 	Division/Section: B	Roll No.: 200
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SOHAM GOKULGANDHI</b>	Mother's Name: GAYATRI	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: SOHAM Gokulgandhi
--

Address: 6 VIRAT 45 GARODIA NAGAR, GHATKOPAR EAST
---

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

Telephone no.:	Mobile no: 918369067273	Email : SGOKULGANDHI@GMAIL.COM
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DOB: May 19, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Certificate(S.Y B.Com)	Year: 2019	Seat No: 07651
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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*Jeenal*

PRN: 2019016401952271	Eligibility Status: Eligible	Examination form No.: 029848 	Division/Section: B	Roll No.: 196
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN JEENAL RAKESH</b>	Mother's Name: JASHU	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: जैन जिनल रकेश

Address: 6/3, PARERA CHAWL, SAHAKAR CHAWL, NEAR HANUMAN TEMPLE, VIKROLI EAST

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

Telephone no.: Mobile no: 919819499778 Email : JEENALJAIN1499@GMAIL.COM

DOB: Jun 14, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: HSC(Commerce) Year: 2017 Seat No: M316796

Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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):

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

### Declaration by Principal/HOD/Chairperson

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



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*Naayog*

PRN: 2019016402129746	Eligibility Status: Eligible	Examination form No.: 029849 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DOGRA NAMEET PRADEEP</b>	Mother's Name: SUMMI	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: डोग्रा नामीत प्रदीप
--

Address: 21, BHOLLA DUTT SADAN, NSS ROAD asalpa village ghatkopar (w)
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084
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Telephone no.:	Mobile no: 918286150552	Email : nameet08dogra@gmail.com
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DOB: Nov 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: HSC(Science)	Year: 2017	Seat No: M088940
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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Application Form for Examination of Summer Session 2020 event.

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*Aditya Ramesh Dogra*

PRN: 2019016402129754	Eligibility Status: Eligible	Examination form No.: 029850 	Division/Section: B	Roll No.: 195
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DOGRA ADITYA RAMESH</b>	Mother's Name: PRAMILA	Gender: Male
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Name in Vernacular Language: डोग्रा आदित्य रमेश

Address: 21, BHOLLA DUTT SADAN, N.S.S ROAD, ASALPHA GHATKOPAR (W)

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

Telephone no.:	Mobile no: 917045343681	Email : ADITYARAMESHDOGRA@YAHOO.IN
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DOB: Aug 29, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: HSC(Science)	Year: 2016	Seat No: M078713
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Exam form appearance type: Fresher

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

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

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

### Payment Details:

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

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	Date:

Student's Signature

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