



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. (A and F.)(with Credits)-Regular-Rev16-T.Y. B.Com. (A. and F.)-Sem VI [2C00456]

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PRN:

2016016400550933

Eligibility Status:

Eligible

Examination form No.:

084416

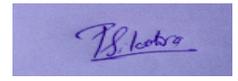


Division/Section:

A

Roll No.:

129



Instruction Medium:

Nationality:

India

Student's Personal Information

Student's Name: **SIKOTARA PARTH MUKESHKUMAR**

Mother's Name: PARUL

Gender: Male

Name in Vernacular Language: सिकोत्रा पार्थ मुकेशकुमार

Address: M-102 VARDHMAN NAGAR DR RP ROAD MULUND(W) MUMBAI-80

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

Telephone no.:

Mobile no: 918286144828

Email : PARTHSIKOTRA33@GMAIL.COM

DOB: Aug 17, 1996

Category: Open

Physically Handicap: No

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

Exam Event: Apr-2019

Seat No: 2016016400550933 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee

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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Kashvi

PRN: 2017016400516446	Eligibility Status: Eligible	Examination form No.: 084417 	Division/Section: A	Roll No.: 15
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: DEDHIA KASHVI RAMNIK DIPTI	Mother's Name: DIPTI	Gender: Female
Name in Vernacular Language: देदिया काशवी रमणिक		
Address: A/202, NEW JALARAM KRUPA NEHRU ROAD DOMBIVLI EAST		
City: DOMBIVLI , Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 919930311993	Email : ROCKZZKASHVI@GMAIL.COM
DOB: Apr 11, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506894 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400839031	Eligibility Status: Eligible	Examination form No.: 084418 	Division/Section: B	Roll No.: 119
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH MIHIKA PARAG	Mother's Name: BINA	Gender: Female
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Name in Vernacular Language: MIHIKA

Address: J/203, LOK DARSHAN SOCIETY, MAROL, MILITARY ROAD, ANDHERI EAST

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

Telephone no.: 29202372	Mobile no: 918108008308	Email : MIHIKA46@GMAIL.COM
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DOB: Nov 03, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506988 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400839062	Eligibility Status: Eligible	Examination form No.: 084419 	Division/Section: A	Roll No.: 27
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GADA NEHA SANJEEV	Mother's Name: RANJAN	Gender: Female
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Name in Vernacular Language: ગાદા નેહા સંજીવ

Address: 207/208 ,CHANDRA APT, SARVODAYA NAGAR, MULUND WEST ,

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

Telephone no.:	Mobile no: 919819991013	Email : nehagada999@gmail.com
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DOB: Oct 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: 0506904 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400839127	Eligibility Status: Eligible	Examination form No.: 084420 	Division/Section: B	Roll No.: 97	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARIKH NIKET SANJAY	Mother's Name: BIJAL	Gender: Male
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Name in Vernacular Language: पारिख निकेत संजय

Address: t-3 venkyatesh vijay apartment opposite aksharam hotel college corner

City: kolhapur , Taluka: Miraj, District: Sangli, State: Maharashtra, PIN: 416416

Telephone no.: 2621333

Mobile no: 919518914982

Email : niketparikh98@gmail.com

DOB: Dec 08, 1999

Category: Open

Physically Handicap: No

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

Exam Event: Apr-2019

Seat No: 0506966 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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Manish Gupta

PRN: 2017016400839216	Eligibility Status: Provisional	Examination form No.: 084421 	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: GUPTA MANISHKUMAR SARVESHKUMAR	Mother's Name: SUNITA	Gender: Male
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Name in Vernacular Language: गुप्ता मनीषकुमार सर्वेशकुमार

Address: Subash Nagar C-32 behind kali mata mandir Near anita kirana store

City: ulhasnagar, Taluka: Ulhasnagar, District: Thane, State: Maharashtra, PIN: 421003

Telephone no.:	Mobile no: 918983829370	Email : manishgupta5898@gmail.com
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DOB: Nov 10, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506917 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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Bhakti

PRN: 2017016400839247	Eligibility Status: Provisional	Examination form No.: 084422 	Division/Section: B	Roll No.: 134
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: THAKKAR BHAKTI SURESH	Mother's Name: SNEHA	Gender: Female
Name in Vernacular Language: ठक्कर भक्ती सुरेश		
Address: VEER BHUVAN CHAWADI NAKA		
City: PEN, Taluka: Pen, District: Raigad, State: Maharashtra, PIN: 402107		
Telephone no.:	Mobile no: 917058454469	Email : bhaktithakkar999@gmail.com
DOB: Mar 13, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0507002 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
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Zari Misbah Makbul

PRN: 2017016400839464	Eligibility Status: Provisional	Examination form No.: 084423 	Division/Section: B	Roll No.: 145
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: ZARI MISBAH MAKBUL	Mother's Name: MEHRUNNISA	Gender: Female
Name in Vernacular Language: MISBAH		
Address: K.D.APT, 5TH FLOOR, FLAT NO.501 'B' THAKURPADA, MUMBRA THANE-400612		
City: MUMBRA, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612		
Telephone no.:	Mobile no: 919664736875	Email : makbulzari1234@gmail.com
DOB: Feb 08, 1999	Category: Reserved (OBC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0507013 (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	85601	Financial Accounting VII	Th-UA [] ; Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ; Th-CA []
3	85603	Financial Management III	Th-UA [] ; Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ; Th-CA []
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6	UA_FFSVI.8	Project Work II	Pw-UA [] ; Pw-CA []

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

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

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

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016400839603	Eligibility Status: Eligible	Examination form No.: 084424 	Division/Section: A	Roll No.: 4
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHAT SHREYA GURURAJ	Mother's Name: ANITA	Gender: Female
--------------------------------------------	----------------------	----------------

Name in Vernacular Language: भट श्रेया गुरुराज

Address: A-103 NIRANJAN APTS CHS HIRANAGAR, LINK ROAD MULUND WEST, MUMBAI

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

Telephone no.: 25904866	Mobile no: 917208832964	Email : shreya.bhat1799@gmail.com
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DOB: Nov 17, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506883 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400839626	Eligibility Status: Eligible	Examination form No.: 084425 	Division/Section: B	Roll No.: 127
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHETTY HARSHAD GANESH	Mother's Name: REKHA	Gender: Male
----------------------------------------------	----------------------	--------------

Name in Vernacular Language: शेटी हर्षद गणेश

Address: A/804, New Usha Nagar Village Road, Bhandup (w), Mumbai

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

Telephone no.: 25661750 Mobile no: 919892881779 Email : harshadshetty299@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506996 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

Mark Statement Fee Total:

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2017016400839657	Eligibility Status: Eligible	Examination form No.: 084426 	Division/Section: B	Roll No.: 142
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VERMA NEETU ASHOK	Mother's Name: PREMA	Gender: Female
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Name in Vernacular Language: वर्मा नीतू अशोक

Address: room no. 35, 3rd floor, b wing, om sai charan co-op society nemade lane, dombivli(w)

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

Telephone no.:	Mobile no: 919769397319	Email : ineetuv123@gmail.com
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DOB: Jan 14, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0507010 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400839665	Eligibility Status: Eligible	Examination form No.: 084427 	Division/Section: B	Roll No.: 143	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: VORA DHRUVI DIXIT	Mother's Name: CHENAL	Gender: Female
Name in Vernacular Language: वरुदी		
Address: A/8 mahavir kiran garodia nagar ghatkopar east		
City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400077		
Telephone no.:	Mobile no: 919833348258	Email : voradhruvi11@gmail.com
DOB: Dec 11, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0507011 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2017016400839754	Eligibility Status: Eligible	Examination form No.: 084428 	Division/Section: A	Roll No.: 22
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DIWANI MAITRI ISHWARLAL	Mother's Name: LATABEN	Gender: Female
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Name in Vernacular Language: GUJARATI

Address: SONALI BUILDING, ROOM NO 7 NEW MANEKLAL ESTATE NARSHI MEHTA MARG

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

Telephone no.:	Mobile no: 919920601012	Email : maitridiwani@gmail.com
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DOB: Aug 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506900 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN:
2017016400839762

Eligibility Status:
Eligible

Examination form No.:
084429

Division/Section:
B

Roll No.:
136

Instruction Medium:

Nationality: India

Student's Personal Information

Student's Name: **THAKKER NIDHI BIPIN**

Mother's Name: PRITI

Gender: Female

Name in Vernacular Language: ठक्कर निधी बिपीन

Address: 14 ,kuber chs plot no.43,sector 17 vashi,navi mumbai

City: navi mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703

Telephone no.: 27893469

Mobile no: 919920185699

Email : nidhi.thakker24@yahoo.in

DOB: Oct 24, 1998

Category: Open

Physically Handicap: No

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

Exam Event: Apr-2019

Seat No: 0507004 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee

Exam Form Late Fee

Exam Form Super Late Fee

Examination Fees

Mark Statement Fee

Total:

Payment Details:

Amount Received:

College Receipt No. and Date:

DD No:

MICR No:

DD Date:

Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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Place:

Date:

College Staff Signature

Seal and Signature of
Principal/HOD/Chairperson



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

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PRN: 2017016400839777	Eligibility Status: Eligible	Examination form No.: 084430 	Division/Section: A	Roll No.: 28
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GADA PARTH MANSUKH	Mother's Name: REKHA	Gender: Male
-------------------------------------------	----------------------	--------------

Name in Vernacular Language: गडा पार्थ मनसुख

Address: NAGARIA NIWAS 2ND FLOOR ROOM NO 1 DHAMANKAR NAKA

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

Telephone no.:	Mobile no: 918983118040	Email : PARTHGADA411@GMAIL.COM
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DOB: Nov 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506905 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2017016400839785	Eligibility Status: Eligible	Examination form No.: 084431 	Division/Section: A	Roll No.: 8
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BORKAR ANJALI RAJESH	Mother's Name: DEEPALI	Gender: Female
---------------------------------------------	------------------------	----------------

Name in Vernacular Language: बोरकर अंजली राजेश

Address: 8-B MODERN APARTMENT L.B.S MARG, GHATKOPAR (WEST)

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

Telephone no.: 25000984	Mobile no: 919869650796	Email : anjali.borkar92@gmail.com
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DOB: Feb 09, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506887 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2017016400839804	Eligibility Status: Eligible	Examination form No.: 084432 	Division/Section: A	Roll No.: 50	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JANA MISTU ASHIM	Mother's Name: SRABANI	Gender: Female
-----------------------------------------	------------------------	----------------

Name in Vernacular Language: জানা মিস্তু অসীম

Address: 701, DNS TOWER 7 TH FLOOR OPP TOWN HALL KELKAR CAMP THANE

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

Telephone no.:	Mobile no: 917738518133	Email : mistu.jana.9@gmail.com
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DOB: Apr 02, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506928 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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Bhakti

PRN: 2017016400839812	Eligibility Status: Eligible	Examination form No.: 084433 	Division/Section: A	Roll No.: 29
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GALA BHAKTI PANKAJ	Mother's Name: KIRAN	Gender: Female
-------------------------------------------	----------------------	----------------

Name in Vernacular Language: गाला भक्ती पंकज

Address: 39/1156 PANT NAGAR GHATKOPAR EAST MUMBAI

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

Telephone no.:	Mobile no: 919821362735	Email : bhakti.gala@ymail.com
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DOB: Oct 16, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506906 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400839924	Eligibility Status: Eligible	Examination form No.: 084434 	Division/Section: B	Roll No.: 104	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATIL PRIYANKA NITIN	Mother's Name: TRUPTI	Gender: Female
---------------------------------------------	-----------------------	----------------

Name in Vernacular Language: पाटील प्रियांका नितीन

Address: 301/M WING, GAURISHANKAR WADI-1, DATTA DIGAMBAR C.H.S., PANTNAGAR GHATKOPAR (E), MUM-075

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

Telephone no.:	Mobile no: 917208397976	Email : priyu.np14@gmail.com
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DOB: Aug 14, 1999	Category: Reserved (SBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506973 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400840026	Eligibility Status: Eligible	Examination form No.: 084435 	Division/Section: B	Roll No.: 117	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH FENIL NITESH	Mother's Name: SAVITRI	Gender: Male
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Name in Vernacular Language: शाह फेनील नीतेश

Address: 46/A Thadani wadi, Room no. 1, Sindhi Society, CST road Chembur Mumbai 400071

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

Telephone no.: 25220858	Mobile no: 919773863806	Email : shahfenil095@gmail.com
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DOB: Mar 09, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506986 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400840073	Eligibility Status: Eligible	Examination form No.: 084436 	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: GOSAR RIDDHI VASANT	Mother's Name: PRITI	Gender: Female
--------------------------------------------	----------------------	----------------

Name in Vernacular Language: गोंसार रिद्धी वसंत

Address: c-43/N-12,mg complex,sector-14 AMAR JYOTI CHS VASHI

City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703

Telephone no.:	Mobile no: 918108682248	Email : gosarriddhi77@gmail.com
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DOB: Sep 13, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506914 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400840107	Eligibility Status: Eligible	Examination form No.: 084437 	Division/Section: A	Roll No.: 1
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI HINAL KISHOR	Mother's Name: PREETI	Gender: Female
------------------------------------------------	-----------------------	----------------

Name in Vernacular Language: हिन्जल

Address: 304,VIJAY NIWAS, KISAN NAGAR -1 , WAGLE ESTATE, THANE

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

Telephone no.: Mobile no: 917045742711 Email : bhanushalihinal99@gmail.com

DOB: Nov 27, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506882 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

Payment Details:

Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

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Signature

PRN: 2017016400840154	Eligibility Status: Eligible	Examination form No.: 084438 	Division/Section: B	Roll No.: 84
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA BHAVYA BHAVESH	Mother's Name: HENNA	Gender: Male
---------------------------------------------	----------------------	--------------

Name in Vernacular Language: भव्य मेहता

Address: D\6 403 MALLINATH APT. SARVODAYA NAGAR J.N RAOD MULUND

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

Telephone no.: 25671001 Mobile no: 919664049285 Email : mehtabhavya76@gmail.com

DOB: Jan 07, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506954 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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Dhwanishah

PRN: 2017016400840413	Eligibility Status: Eligible	Examination form No.: 084439 	Division/Section: B	Roll No.: 116
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH DHVANI BIMAL	Mother's Name: TEJAL	Gender: Female
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Name in Vernacular Language: ध्वनी बिमल shah

Address: L-203, VARDHMAN NAGAR DR.R.P.ROAD MULUND (WEST)

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

Telephone no.: 25650490 Mobile no: 919699862048 Email : dhwanishah1399@gmail.com

DOB: Feb 13, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506985 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

Mark Statement Fee Total:

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

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R. N. Shah

PRN: 2017016400840475	Eligibility Status: Eligible	Examination form No.: 084440 	Division/Section: B	Roll No.: 121
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH RUTU NIMESH	Mother's Name: MANISHA	Gender: Female
-----------------------------------------	------------------------	----------------

Name in Vernacular Language: શાહ રુતુ નિમેશ

Address: 11, Kirti vihar C.H.S, L.B.S marg Ghatkopar(west)

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

Telephone no.:	Mobile no: 919167185861	Email : rutufans@gmail.com
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DOB: Dec 03, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506990 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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Handwritten signature

PRN: 2017016400840606	Eligibility Status: Provisional	Examination form No.: 084441 	Division/Section: A	Roll No.: 31
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GALA NIDHI DILESH	Mother's Name: HETAL	Gender: Female
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Name in Vernacular Language: गाला निधी दिलेश

Address: 11/12, HANS LAXMI APT, RRT ROAD, NEAR CHETNA HOSPITAL MULUND (WEST)

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

Telephone no.:	Mobile no: 919167561302	Email : galanidhi123@gmail.com
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DOB: Aug 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: 0506908 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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Gaurav

PRN: 2017016400840757	Eligibility Status: Eligible	Examination form No.: 084442 	Division/Section: B	Roll No.: 98
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: PARMAR GAURAV NAVIN	Mother's Name: KANCHAN	Gender: Male
Name in Vernacular Language: पारमर गौरव नवीन		
Address: GANESH NAGAR, OPP. GANESH MANDIR, PANT NAGAR, City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400075		
Telephone no.:	Mobile no: 919324327405	Email : parmargaurav202@gmail.com
DOB: May 26, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506967 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

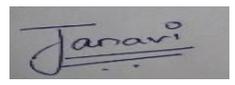
<http://mum.digitaluniversity.ac/>

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PRN:
2017016400840765

Eligibility Status:
Eligible

Examination form No.:
084443

Division/Section:
A

Roll No.:
55

Instruction Medium: _____ Nationality: India

Student's Personal Information

Student's Name: **KANABAR JANAVI ASHOK** Mother's Name: ARCHANA Gender: Female

Name in Vernacular Language: कानाबार जानवी अशोक

Address: ROOM NO 05 , MARWADI CHAWL, SION TROMBAY ROAD, NEAR POST OFFICE, TROMBAY

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

Telephone no.: _____ Mobile no: 919967992822 Email : janavikanabar@gmail.com

DOB: Oct 19, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506933 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name): _____

Venue Preference (Code/Name): _____

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400840796	Eligibility Status: Eligible	Examination form No.: 084444 	Division/Section: A	Roll No.: 66
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: KOTHARI DIVY KAMLESH	Mother's Name: BHARATI	Gender: Male
Name in Vernacular Language: कौठारी दिव्य कमलेश		
Address: 401,AMAR APARTMENT DR.JAWKAR LANE,CHUNABHATTI MUMBAI-400022		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400022		
Telephone no.:	Mobile no: 919869408338	Email : dvthr1@gmail.com
DOB: Aug 30, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506944 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400840815	Eligibility Status: Eligible	Examination form No.: 084445 	Division/Section: A	Roll No.: 20	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DHUMNE SWARALI BALKRISHNA	Mother's Name: ANJALI	Gender: Female
--------------------------------------------------	-----------------------	----------------

Name in Vernacular Language: दुमणे स्वराली बाळकृष्ण

Address: 53/33, PURVARANG CHSL, NAVGHAR ROAD, NEAR TATA COLONY, MULUND EAST

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

Telephone no.: 25634771	Mobile no: 919819911698	Email : sbdhumne@gmail.com
-------------------------	-------------------------	----------------------------

DOB: Nov 16, 1999	Category: Reserved (SBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506899 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400840823	Eligibility Status: Eligible	Examination form No.: 084446 	Division/Section: A	Roll No.: 19
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SANYUKTA MUKESH DHUMALE	Mother's Name: SUNITA	Gender: Female
------------------------------------------------	-----------------------	----------------

Name in Vernacular Language: संयुक्ता मुकेश धुमाळे

Address: room no.1732,ramnagar,lotus colony, abdul hamid marg,shivaji nagar

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

Telephone no.:	Mobile no: 918286940970	Email : sanyuktadhumble100@gmail.com
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DOB: Nov 10, 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: 0506898 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400840951	Eligibility Status: Eligible	Examination form No.: 084447 	Division/Section: A	Roll No.: 11
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHELLATH TANISHA AJAYKUMAR	Mother's Name: MINI	Gender: Female
---------------------------------------------------	---------------------	----------------

Name in Vernacular Language: चेल्लत तनिषा अजय कुमार

Address: 304A ,samata apt Darga road Amar nagar

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

Telephone no.: 25650074 Mobile no: 917738619491 Email : tanisha.chellath20@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506890 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**
Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2017016400840966	Eligibility Status: Eligible	Examination form No.: 084448 	Division/Section: A	Roll No.: 46	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KUMARPAL DEEPAK JAIN	Mother's Name: URMILA	Gender: Male
---------------------------------------------	-----------------------	--------------

Name in Vernacular Language: कुमरपाल

Address: flat no.12 NEW SAIBABA SOCIETY KASARHAT ALHILYABAI CHOWK OPP. RAMWADI KALYAN WEST

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

Telephone no.: 2206675	Mobile no: 919819772993	Email : kumarjain1013@gmail.com
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DOB: May 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506924 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400841181	Eligibility Status: Eligible	Examination form No.: 084449 	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: DARSHI MUKESH GUDHKA	Mother's Name: NEETA	Gender: Female
---------------------------------------------	----------------------	----------------

Name in Vernacular Language: दारशी मुकेश गुडका

Address: 402, Shreeji Sadan, Near Mahavir Chowk, Railway Station Road, Anjurphata, Bhiwandi

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

Telephone no.:	Mobile no: 917303383300	Email : darshigudhka12@gmail.com
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DOB: Apr 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: 0506915 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400841285	Eligibility Status: Eligible	Examination form No.: 084450 	Division/Section: B	Roll No.: 131	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SUCHAK SAAHIL SANDEEP	Mother's Name: SHEFALI	Gender: Male
----------------------------------------------	------------------------	--------------

Name in Vernacular Language: सूचक साहिल संदीप

Address: B 202 MANGALMURTI CO OP HSG SOCIETY RAMBAUG LANE NO 4 KALYAN WEST

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

Telephone no.: 2323251	Mobile no: 919004879501	Email : saahilsuchak@yahoo.com
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DOB: Jul 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: 0506999 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400841293	Eligibility Status: Provisional	Examination form No.: 084451 	Division/Section: B	Roll No.: 86
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA REMY KIRTI	Mother's Name: VARSHA	Gender: Female
-----------------------------------------	-----------------------	----------------

Name in Vernacular Language: रेमी किरती मेहता

Address: 21/2ND FLOOR SHYAM NIVAS BUILDING NEAR GOPAL BHUVAN, L B S MARG

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

Telephone no.: 25156537 Mobile no: 919699802628 Email : kmehta262@gmail.com

DOB: Dec 04, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506956 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee 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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Reya

PRN: 2017016400841312	Eligibility Status: Eligible	Examination form No.: 084452 	Division/Section: B	Roll No.: 87
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA RIYA KIRTI	Mother's Name: VARSHA	Gender: Female
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Name in Vernacular Language: रिया किरि मेहता

Address: 21/2ND FLOOR, SHYAM NIVAS BUILDING NEAR GOPAL BHUVAN BUS STOP L B S MARG

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

Telephone no.: 25156537	Mobile no: 919920556818	Email : kevinmehta74@yahoo.in
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DOB: Dec 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: 0506957 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN:
2017016400841366

Eligibility Status:
Eligible

Examination form No.:
084453

Division/Section:
A

Roll No.:
23

Instruction Medium: _____ Nationality: India

Student's Personal Information

Student's Name: **DOSHI DHAVAL SHIRISH** Mother's Name: SADHANA Gender: Male

Name in Vernacular Language: धवल शिरीष doshi

Address: 21,a sai prakash soc., new station road, near gurudev hotel kalyan

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

Telephone no.: _____ Mobile no: 919702603236 Email : jay.doshi2310@gmail.com

DOB: Jul 26, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506901 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400841505	Eligibility Status: Eligible	Examination form No.: 084454 	Division/Section: A	Roll No.: 54	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KAMBLE NAMRATA VASANT	Mother's Name: SANDHYA	Gender: Female
----------------------------------------------	------------------------	----------------

Name in Vernacular Language: कांबळे नमता वसंत

Address: vashinaka mhada colony kukreja compound face2 b-2,c-wing, Rno-101 chembur Mumbai 400071

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

Telephone no.:	Mobile no: 919920610955	Email : knamrata119@gmail.com
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DOB: Jul 25, 2001	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506932 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400841544	Eligibility Status: Eligible	Examination form No.: 084455 	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: BHANJA SUMITA BINAY	Mother's Name: INDRANI	Gender: Female
--------------------------------------------	------------------------	----------------

Name in Vernacular Language: sumita

Address: room no41/4/5,shankar deol chembur,mumbai-74

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

Telephone no.:	Mobile no: 918108272867	Email : sumitabhanja09@gmail.com
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DOB: May 09, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506881 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016400841583	Eligibility Status: Provisional	Examination form No.: 084456 	Division/Section: A	Roll No.: 47	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN KUSHEETA LALIT	Mother's Name: SANGEETA	Gender: Female
-------------------------------------	-------------------------	----------------

Name in Vernacular Language: जैन कुशीत ललित

Address: 1,mahavir darshan, kasturba road mulund west,mumbai

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

Telephone no.: 25601788 Mobile no: 919987508616 Email : krusheetajain@gmail.com

DOB: Aug 09, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506925 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016400841591	Eligibility Status: Eligible	Examination form No.: 084457 	Division/Section: B	Roll No.: 132	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SUMARIA DOLLY DILIP	Mother's Name: NEETA	Gender: Female
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Name in Vernacular Language: सुमरीया डॉली दिलीप

Address: 1347 AKSHAY PARK B-303 KAMATGHAR ROAD ANJURPHATA BHIWANDI

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

Telephone no.:	Mobile no: 919420573568	Email : dollysumaria98@gmail.com
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DOB: Dec 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0507000 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400841633	Eligibility Status: Provisional	Examination form No.: 084458 	Division/Section: A	Roll No.: 32	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GALA SMIT VIMAL	Mother's Name: HEMLATA	Gender: Male
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Name in Vernacular Language:SMIT

Address: 301, jay shiv shakti j n road, mulund(w) mumbai-80

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

Telephone no.: 25691631	Mobile no: 918652334093	Email : smitgala29@gmail.com
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DOB: Oct 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506909 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400841687	Eligibility Status: Eligible	Examination form No.: 084459 	Division/Section: A	Roll No.: 45	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN HIMANSHI PRAMOD	Mother's Name: NAYANA	Gender: Female
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Name in Vernacular Language: जैन हिमांशी प्रमोद

Address: 29 NO BUILDING ASHOK NAGAR NEAR JAIN MANDIR KALYAN NAKA

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

Telephone no.:	Mobile no: 918087936935	Email : him06jain@gmail.com
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DOB: Sep 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506923 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400841977	Eligibility Status: Eligible	Examination form No.: 084460 	Division/Section: B	Roll No.: 126
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHETE RUSHIKESH SURESH	Mother's Name: SAVITRI	Gender: Male
-----------------------------------------------	------------------------	--------------

Name in Vernacular Language: शेटे ऋषिकेश सुरेश

Address: R N 305 BLDG NO 15 VIJAY BHAWAN CO-OPRATIVE SOCIETY NEW MHADA COLONY VASHI NAKA MAHUL ROAD

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

Telephone no.:	Mobile no: 918097535592	Email : rushikeshshete31@gmail.com
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DOB: Dec 17, 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: 0506995 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2017016400842002	Eligibility Status: Eligible	Examination form No.: 084461 	Division/Section: B	Roll No.: 78	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MALDE DHWANI KISHOR	Mother's Name: SADHANA	Gender: Female
--------------------------------------------	------------------------	----------------

Name in Vernacular Language: मालदे ध्वनी किशोर

Address: 402, shubham bldg, plot no-77 sector-18, koparkhairane Navi-Mumbai, 400709

City: NaviMumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400709

Telephone no.:	Mobile no: 919699619437	Email : dhwanimalde06@gmail.com
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DOB: Jun 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: 0506948 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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Bharat

PRN: 2017016400842025	Eligibility Status: Eligible	Examination form No.: 084462 	Division/Section: B	Roll No.: 140
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: VANJARI BHARAT MAHADEV	Mother's Name: CHHAYA	Gender: Male
Name in Vernacular Language: वंजारी भरत महादेव		
Address: RM NO-3, GURUDATT SOC., SHINGRE WADI BAIL BAZAR, KURLA WEST,		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070		
Telephone no.:	Mobile no: 918286765994	Email : vanjaribhart6@gmail.com
DOB: Aug 01, 1999	Category: Reserved (SC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0507008 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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Smit

PRN: 2017016400842033	Eligibility Status: Eligible	Examination form No.: 084463 	Division/Section: B	Roll No.: 91
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: NAGARIYA SMIT MAHESH	Mother's Name: NEETA	Gender: Male
Name in Vernacular Language: नगरीया स्मित महेश		
Address: 366/room no.105 b wing kishor palace building near kamla hotel bhiwandi		
City: bhiwandi, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421302		
Telephone no.: 224841	Mobile no: 919028355546	Email : smitnagariya16@gmail.com
DOB: Mar 16, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506960 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	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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Kavita

PRN: 2017016400842153	Eligibility Status: Eligible	Examination form No.: 084464 	Division/Section: A	Roll No.: 62
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: KHARAT KAVITA SHAM	Mother's Name: SUNITA	Gender: Female

Name in Vernacular Language: खरात कविता शाम

Address: 22 NEW BHARAT NAGAR, H.P. COLONY,

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

Telephone no.: Mobile no: 919004893976 Email : kavukharat99@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506940 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

Mark Statement Fee Total:

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

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

Declaration by Principal/HOD/Chairperson

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



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foramkapadia.

PRN: 2017016400842161	Eligibility Status: Eligible	Examination form No.: 084465 	Division/Section: A	Roll No.: 56
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: KAPADIA FORUM NITESH	Mother's Name: SHRUNGALI	Gender: Female
Name in Vernacular Language:FORUM		
Address: 79/A-503,EKTA CHS TILAKNAGAR,CHEMBUR(W) MUMBAI-400089		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400089		
Telephone no.: 25291610	Mobile no: 919820640151	Email : foramkapadia1999@gmail.com
DOB: May 06, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506934 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

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

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

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



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PRN: 2017016400842192	Eligibility Status: Provisional	Examination form No.: 084466 	Division/Section: B	Roll No.: 135
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR ROHAN DHIREN	Mother's Name: NISHA	Gender: Male
---------------------------------------------	----------------------	--------------

Name in Vernacular Language: रोहन धीरेन ठक्कर

Address: 27/55 divyadarshan jagdushanagar ghatkopar west

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

Telephone no.: 022 Mobile no: 917977949469 Email : rohanthakkar49@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0507003 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**
Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400842234	Eligibility Status: Eligible	Examination form No.: 084467 	Division/Section: B	Roll No.: 94	<i>Swapnali</i>
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NIKALJE SWAPNALI ARUN	Mother's Name: SUMAN	Gender: Female
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Name in Vernacular Language: निकाळजे स्वप्नाली अरुण

Address: BHARAT NAGAR, R.C. MARG, VASHINAKA

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

Telephone no.:	Mobile no: 919819948358	Email : swapnali1777@gmail.com
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DOB: Jul 16, 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: 0506963 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400842281	Eligibility Status: Eligible	Examination form No.: 084468 	Division/Section: A	Roll No.: 43
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HOTTI PAWAN SURESH	Mother's Name: KALPANA	Gender: Male
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Name in Vernacular Language: ಹೊಟ್ಟಪವನ್‌ಸುರೇಶ್

Address: Narassaya chawl room no. 1 kurla west jarimari mumbai 400072 Narassaya chawl room no. 1 kurla west jarimari mumbai 400072

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

Telephone no.: Mobile no: 919594882723 Email : pawanhotti@gmail.com

DOB: Nov 14, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506921 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**
Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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Shekhar

PRN: 2017016400842404	Eligibility Status: Eligible	Examination form No.: 084469 	Division/Section: A	Roll No.: 14
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DASARI CHANDRASHEKHAR ANAND	Mother's Name: LAXMI	Gender: Male
----------------------------------------------------	----------------------	--------------

Name in Vernacular Language: दासरी चंद्रशेखर आनंद

Address: A-8 NAZMA MANZIL LAXMI NARAYAN MARG NR SAMTA VIDYA MANDIR

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

Telephone no.: Mobile no: 918693035400 Email : shekhar24399@gmail.com

DOB: Mar 24, 1999 Category: Reserved (SC) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506893 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

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Priyank J.

PRN: 2017016400842482	Eligibility Status: Eligible	Examination form No.: 084470 	Division/Section: A	Roll No.: 17
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DHAMANI PRIYANK JATIN	Mother's Name: BEENA	Gender: Male
----------------------------------------------	----------------------	--------------

Name in Vernacular Language: धामणी प्रियंक जतीन

Address: 201, KASTURI PARK, NEW MANEKLAL ESTATE GHATKOPAR (WEST)

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

Telephone no.: 25136851	Mobile no: 919029046843	Email : priyank19799@gmail.com
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DOB: Jul 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: 0506896 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400842547	Eligibility Status: Eligible	Examination form No.: 084471 	Division/Section: B	Roll No.: 81
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANGAONKAR YAMINI RAVINDRA	Mother's Name: KAVITA	Gender: Female
---------------------------------------------------	-----------------------	----------------

Name in Vernacular Language: मणगांवकर यामिनी रविंद्र

Address: 106, SANGAM SOCIETY, R.B. KADAM MARG, NEAR GANESH MANDIR,

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

Telephone no.:	Mobile no: 919594354727	Email : yaminimangaonkar99@gmail.com
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DOB: Mar 26, 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: 0506951 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400842741	Eligibility Status: Eligible	Examination form No.: 084472 	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: HARIA ARCHI TUSHAR	Mother's Name: SNEHA	Gender: Female
-------------------------------------------	----------------------	----------------

Name in Vernacular Language: हरिया आर्ची तुषार

Address: 301 NAGESHWAR KRUPA RATAN BHUVAN NO 2 GARDEN LANE SANGHANI ESTATE

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

Telephone no.:	Mobile no: 917045868384	Email : archiharia2000@gmail.com
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DOB: Feb 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: 0506918 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-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

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



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PRN: 2017016400842756	Eligibility Status: Eligible	Examination form No.: 084473 	Division/Section: B	Roll No.: 92	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NAGARIYA YASH KANTILAL	Mother's Name: MANJULA	Gender: Male
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Name in Vernacular Language: नागरीया यश कांतीलाल

Address: 519 SHAH NIWAS AJANTA COMPOUND DHAMANKAR NAKA BHIWANDI

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

Telephone no.:	Mobile no: 917875265557	Email : yashnagariya123@gmail.com
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DOB: Dec 07, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506961 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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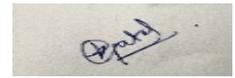
<http://mum.digitaluniversity.ac/>

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PRN: 2017016400842822	Eligibility Status: Eligible	Examination form No.: 084474 	Division/Section: B	Roll No.: 102
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: KOMAL JIVAN PATEL	Mother's Name: VARSHA	Gender: Female

Name in Vernacular Language: कोमल

Address: 502 MUMBADEVI APT VEER SAVARKAR ROAD, JOSHIWADA THANE WEST

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

Telephone no.: 25388764 Mobile no: 918879920591 Email : komalp2204@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506971 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400842845	Eligibility Status: Eligible	Examination form No.: 084475 	Division/Section: B	Roll No.: 100
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: PATADE AMISHA RAMCHANDRA	Mother's Name: JAYSHREE	Gender: Female
Name in Vernacular Language: पाताडे अमिषा रामचंद्र		
Address: 3/5 JAY BHAWANI RAHIWASI SANGHA CHAYA NIWAS RAM NAGAR BHANDUP EAST		
City: BHANDUP, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400042		
Telephone no.:	Mobile no: 919892698667	Email : amishapatade11@gmail.com
DOB: Mar 11, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506969 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	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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Jenil

PRN: 2017016400842884	Eligibility Status: Eligible	Examination form No.: 084476 	Division/Section: B	Roll No.: 96
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAREKH JENIL VIREN	Mother's Name: RUPAL	Gender: Male
-------------------------------------------	----------------------	--------------

Name in Vernacular Language: पारेख जेनील वीरेन

Address: 401 SHREE SHUBH APARTMENT OPP SYNDICATE BANK TILAK ROAD M.P VIDHYA MARG, GHATKOPAR (EAST)

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

Telephone no.:	Mobile no: 918097424999	Email : jenilparekh1120@gmail.com
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DOB: Mar 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: 0506965 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016400842903	Eligibility Status: Eligible	Examination form No.: 084477 	Division/Section: B	Roll No.: 90
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MISHRA PRIYANKA RAKESHKUMAR	Mother's Name: SADHANA	Gender: Female
----------------------------------------------------	------------------------	----------------

Name in Vernacular Language: मिश्रा प्रियांका राकेशकुमार

Address: near ganesh mandir, room no. 5 jay bhara Housing Society, 90 feet road SAKINAKA MUMBAI

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

Telephone no.:	Mobile no: 917303665003	Email : rkmishra6764@rediff.com
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DOB: Aug 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506959 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and 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: 2017016400843013	Eligibility Status: Eligible	Examination form No.: 084478 	Division/Section: B	Roll No.: 105	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: POPATIYA MANISHA KARIMBHAI	Mother's Name: FARIDA	Gender: Female
Name in Vernacular Language: पोपटीया मनीषा करीमभाई		
Address: ROOM NO.205, TULSI APARTMENT DEVAJI NAGAR NARPOLI BHIWANDI		
City: BHIWANDI, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421302		
Telephone no.:	Mobile no: 919881691380	Email : seemamanishacool123@gmail.com
DOB: May 24, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506974 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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Krina

PRN: 2017016400843036	Eligibility Status: Eligible	Examination form No.: 084479 	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: KRINA AKASH BHUWARIA	Mother's Name: KAVITA	Gender: Female
---------------------------------------------	-----------------------	----------------

Name in Vernacular Language: क्रीना आकाश भुवारिअ

Address: 366/101, KISHOR PALACE, GARA ROAD, NEAR KAMALA HOTEL, SAI NEKETAN, BHIWANDI.

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

Telephone no.:	Mobile no: 917757842484	Email : krinajain02@gmail.com
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DOB: Oct 02, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506885 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016400843075	Eligibility Status: Provisional	Examination form No.: 084480 	Division/Section: B	Roll No.: 141	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VARIA RIDDHI JITENDRA	Mother's Name: PRITI	Gender: Female
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Name in Vernacular Language: वरिया रिद्धि जितेंद्रा

Address: B/14,NEELKANT VIHAR.PLOT NO.28/29. GARODIA NAGAR.GHATKOPAR EAST.

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

Telephone no.:	Mobile no: 918779196994	Email : riddhivaria99@gmail.com
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DOB: Apr 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: 0507009 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400843083	Eligibility Status: Provisional	Examination form No.: 084481 	Division/Section: A	Roll No.: 48
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN MANIL RAJESHKUMAR	Mother's Name: MANISHA	Gender: Male
-----------------------------------------------	------------------------	--------------

Name in Vernacular Language: जैन मनिल राजेशकुमार

Address: A/18, MAHAVIR APARTMENT, 4TH FLOOR, NEW MILL ROAD, KURLA (W)

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

Telephone no.:	Mobile no: 918286733289	Email : balothamani7@gmail.com
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DOB: Dec 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506926 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

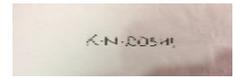
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PRN: 2017016400843091	Eligibility Status: Eligible	Examination form No.: 084482 	Division/Section: A	Roll No.: 24
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: DOSHI KINAL NITIN	Mother's Name: DHARMA	Gender: Female
Name in Vernacular Language: दोशी किनाल नीतिन		
Address: 5,PRITI BUILDING TAMBENAGAR,SN ROAD MULUND (W)		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080		
Telephone no.: 25654818	Mobile no: 919699232611	Email : kinaldoshi25@gmail.com
DOB: Nov 25, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506902 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2017016400843172	Eligibility Status: Eligible	Examination form No.: 084483 	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: KHATRI AASHNA DAWOOD	Mother's Name: SHAMIM	Gender: Female
---------------------------------------------	-----------------------	----------------

Name in Vernacular Language: खत्री आशना दाऊद

Address: 55, Jose Nagar Mohili Village, Sakinaka

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

Telephone no.:	Mobile no: 919594499344	Email : a.khatri08@live.com
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DOB: May 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: 0506941 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

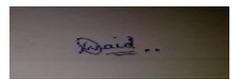
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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2017016400843214	Eligibility Status: Provisional	Examination form No.: 084484 	Division/Section: B	Roll No.: 139	
Instruction Medium:			Nationality: India		

Student's Personal Information					
Student's Name: VAID DIPALI NILESH			Mother's Name: PINA		Gender: Female
Name in Vernacular Language: DIPALI					
Address: Above Singh Electric, Near Tapadia Complex Station Road, Jugsalai					
City: Jamshedpur, Taluka: East Singhbhum, District: Pashchim Singhbhum, State: Jharkhand, PIN: 831006					
Telephone no.:		Mobile no: 917209545890		Email : dipalivaid2017@gmail.com	
DOB: Oct 06, 1998		Category: Open		Physically Handicap: No	
Previous Latest Examination Details: Sem IV(Regular-Rev16)			Exam Event: Apr-2019		Seat No: 0507007 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

Declaration 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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Nayanika

PRN: 2017016400843311	Eligibility Status: Provisional	Examination form No.: 084485 	Division/Section: A	Roll No.: 9
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: CHAKRABORTY NAYANIKA CHANDRANATH	Mother's Name: REEMA	Gender: Female

Name in Vernacular Language: नयनिका

Address: F-14 CENTRAL COMPLEX KHOPAT THANE WEST F-14 CENTRAL COMPLEX HANS NAGAR NEAR S.T. WORKSHOP

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

Telephone no.: Mobile no: 919819656199 Email : nayanikachakraborty2@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506888 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016400843527	Eligibility Status: Eligible	Examination form No.: 084486 	Division/Section: B	Roll No.: 123
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: SHAH YASHVI JAYESH	Mother's Name: RUPA	Gender: Female
Name in Vernacular Language: शशी जयेश		
Address: 1501 Rajyog Residency RP road Mulund (w) Mumbai-80		
City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080		
Telephone no.:	Mobile no: 918879990001	Email : yashvishah0420@gmail.com
DOB: Jan 04, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506992 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	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: 2017016400843535	Eligibility Status: Eligible	Examination form No.: 084487 	Division/Section: B	Roll No.: 101	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL HARSHITA KARMASHI	Mother's Name: LADHI	Gender: Female
------------------------------------------------	----------------------	----------------

Name in Vernacular Language: पटेल ह र्षि ता करमशी

Address: ss-3 room no. 816 sector 1

City: KOPER KHAIRANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400709

Telephone no.:	Mobile no: 917208675884	Email : harshita.patel277@gmail.com
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DOB: Jul 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: 0506970 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400843597	Eligibility Status: Eligible	Examination form No.: 084488 	Division/Section: B	Roll No.: 107	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PRAJAPATI PRINCE PRASIDDH	Mother's Name: MANJUDEVI	Gender: Male
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Name in Vernacular Language: प्रजापती प्रिन्स प्रसिद्ध

Address: ROOM NO 42 JOSENAGAR MOHILLI VILLAGE SAKINAKA MUMBAI JOSE NAGAR

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

Telephone no.:	Mobile no: 918689911550	Email : princepraja0@gmail.com
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DOB: May 03, 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: 0506976 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400843601	Eligibility Status: Eligible	Examination form No.: 084489 	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: KATARIYA SHIVANI KISHOR	Mother's Name: MEENA	Gender: Female
------------------------------------------------	----------------------	----------------

Name in Vernacular Language: कटारीया शिवानी किशोर

Address: 304/3FLr , MOUNT E-2 GOLDEN PARK , PHASE-2 , BETURKAR PADA KALYAN (W)

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

Telephone no.:	Mobile no: 917666117364	Email : shivanikatariya90@gmail.com
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DOB: May 10, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506936 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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Virti Shah

PRN: 2017016400843624	Eligibility Status: Eligible	Examination form No.: 084490 	Division/Section: B	Roll No.: 122
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH VIRTI JIGNESH	Mother's Name: MANISHA	Gender: Female
-------------------------------------------	------------------------	----------------

Name in Vernacular Language: શાહ વિરતિ જિગ્નેશ

Address: 202 valmiki bldg panchrishi society above samarth nursing home

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

Telephone no.:	Mobile no: 917303582658	Email : virushah2312@yahoo.com
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DOB: Mar 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: 0506991 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400843752	Eligibility Status: Eligible	Examination form No.: 084491 	Division/Section: B	Roll No.: 111
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SANGHAVI PRIYANKA MANGILAL	Mother's Name: MADHU	Gender: Female
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Name in Vernacular Language: Priyanka

Address: 203, Omkar society Teli gali , tembhi naka Thane

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

Telephone no.:	Mobile no: 917718914057	Email : rj03101992@gmail.com
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DOB: Aug 14, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506980 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400843791	Eligibility Status: Eligible	Examination form No.: 084492 	Division/Section: A	Roll No.: 67	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KUBAL SONAL MANOHAR	Mother's Name: MILAN	Gender: Female
--------------------------------------------	----------------------	----------------

Name in Vernacular Language: कुबल सोनल मनोहर

Address: JAY AMBE SOCIETY, JAY MALHAR NAGAR. KHANDOBA TEKDI, GOLIBAR ROAD GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919969473393	Email : sonalkubal1999@gmail.com
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DOB: Sep 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: 0506945 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400843864	Eligibility Status: Eligible	Examination form No.: 084493 	Division/Section: B	Roll No.: 133	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SURANA PRIYAL NILESH	Mother's Name: MANJU	Gender: Female
---------------------------------------------	----------------------	----------------

Name in Vernacular Language: सुराणा प्रियल निलेश

Address: 302 arihant apt, kapurbawdi naka kolshet rd, thane west

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

Telephone no.:	Mobile no: 919833012779	Email : suranapriyal17@gmail.com
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DOB: Jul 17, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0507001 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400843914	Eligibility Status: Eligible	Examination form No.: 084494 	Division/Section: A	Roll No.: 60
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHALE VIKESH VIJAY	Mother's Name: VAIJAYANTI	Gender: Male
-------------------------------------------	---------------------------	--------------

Name in Vernacular Language: KHALE VIKESH VIJAY

Address: VEER SAMBHAJI SOCIETY GANESH NAGAR GHATKOPAR WEST, MUMBAI

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

Telephone no.:	Mobile no: 918898218322	Email : VIKESH45K@GMAIL.COM
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DOB: Nov 30, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506938 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016400843992	Eligibility Status: Provisional	Examination form No.: 084495 	Division/Section: B	Roll No.: 103	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATIL PRAJAKTA ARJUN	Mother's Name: ASHA	Gender: Female
---------------------------------------------	---------------------	----------------

Name in Vernacular Language: पाटील प्राजक्ता अर्जुन

Address: 696/31 shiv krupa society kamraj nagar, ghatkopar(E) mumbai-77

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

Telephone no.:	Mobile no: 917039983567	Email : instituterajcomputer@gmail.com
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DOB: Sep 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506972 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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[Signature]

PRN: 2017016400844183	Eligibility Status: Eligible	Examination form No.: 084496 	Division/Section: A	Roll No.: 38
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: FINHASALI HUSENI GULABIWALA	Mother's Name: ASMA	Gender: Male
----------------------------------------------------	---------------------	--------------

Name in Vernacular Language: फिनहासअली हुसेनी गुलाबीवाल

Address: A-6/101, SAKET COMPLEX, KISHAN KOLI MARG, MAJIWADA

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

Telephone no.: 25389758 Mobile no: 919867017095 Email : finhas17@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506916 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400844241	Eligibility Status: Eligible	Examination form No.: 084497 	Division/Section: A	Roll No.: 5	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHAYANI VRUDDHI MANOJ	Mother's Name: JYOTI	Gender: Female
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Name in Vernacular Language: vruddhi

Address: 402, Lakshmi apartments v.p. road mulund west

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

Telephone no.: 25686508	Mobile no: 919920312183	Email : vruddhibhayani@gmail.com
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DOB: Aug 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506884 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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Thakur

PRN: 2017016400844515	Eligibility Status: Eligible	Examination form No.: 084498 	Division/Section: B	Roll No.: 137
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKUR SWARA SURESH	Mother's Name: PRADNYA	Gender: Female
--------------------------------------------	------------------------	----------------

Name in Vernacular Language: ठाकूर स्वरा सुरेश

Address: A-202,Shriram Samarth Apartment Chinchpada Road Taluka- Pen,District- Raigad

City: Pen, Taluka: Pen, District: Raigad, State: Maharashtra, PIN: 402107

Telephone no.:	Mobile no: 917028697919	Email : pradnyathakur767@gmail.com
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DOB: Jun 30, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0507005 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400844755	Eligibility Status: Eligible	Examination form No.: 084499 	Division/Section: B	Roll No.: 120
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: SHAH NISHITA MUKESH	Mother's Name: KINNARI	Gender: Female
Name in Vernacular Language: शहा निशीता मुकेश		
Address: 8,narayan krupa sant namdeo path road cross no 3		
City: dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 919892627485	Email : mukeshnishita3@gmail.com
DOB: Nov 09, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506989 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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Shaikh

PRN: 2017016400844917	Eligibility Status: Eligible	Examination form No.: 084500 	Division/Section: B	Roll No.: 124
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SHAIKH SADAF HIDAYAT HUSSAIN	Mother's Name: AFROZ	Gender: Female
Name in Vernacular Language: शैख सदफ हिदायत हुसैन		
Address: shri siddhivinayak society b wing flat no. 705 tilak nagar chembur		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400089		
Telephone no.:	Mobile no: 917045163207	Email : sadafshaikh141999@gmail.com
DOB: Oct 14, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506993 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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Harsh

PRN: 2017016400844925	Eligibility Status: Eligible	Examination form No.: 084501 	Division/Section: A	Roll No.: 30
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GALA HARSH HITESH	Mother's Name: SARLA	Gender: Male
------------------------------------------	----------------------	--------------

Name in Vernacular Language: हार्श

Address: A 102 J M DARSHAN SHIV MANDIR ROAD RAMNAGAR DOMBIVLI EAST

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

Telephone no.:	Mobile no: 918082052764	Email : harshgala05@gmail.com
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DOB: Oct 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: 0506907 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016400844956	Eligibility Status: Eligible	Examination form No.: 084502 	Division/Section: B	Roll No.: 99
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARMAR PRACHI MANOJ	Mother's Name: REKHA	Gender: Female
--------------------------------------------	----------------------	----------------

Name in Vernacular Language: परमार प्राची मनोज

Address: A/1 Ground Floor Umiya Society Agarkar Road Dombivli East

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

Telephone no.: 2437068	Mobile no: 919920967017	Email : parmarprachi26@gmail.com
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DOB: Nov 05, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506968 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (A.and F.)(with Credits)-Regular-Rev16-T.Y. B.Com. (A. and F.)-Sem VI [2C00456]

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PRN: 2017016400845004	Eligibility Status: Provisional	Examination form No.: 084503 	Division/Section: A	Roll No.: 42
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: DHVANI NAVIN HARIYA	Mother's Name: BINDU	Gender: Female
Name in Vernacular Language: DHVANI		
Address: 1357, 7th floor, 702, Rameshwar Krupa, Kamatghar road, near torant power office,		
City: Mumbai, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421305		
Telephone no.:	Mobile no: 918888180884	Email : dhvanihariya1999@gmail.com
DOB: Dec 10, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506920 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

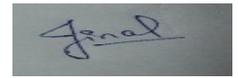
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com. (A.and F.)(with Credits)-Regular-Rev16-T.Y. B.Com. (A. and F.)-Sem VI [2C00456]

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PRN: 2017016400845035	Eligibility Status: Eligible	Examination form No.: 084504 	Division/Section: A	Roll No.: 64
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: KHICHDA JINAL RAJESH	Mother's Name: SONAL	Gender: Female
Name in Vernacular Language: ખીચડા જીનલ રાજેશ		
Address: A/10, YOGESHWAR KRUPA, JANARDHAN PARK, CHS. LTD., RAGHUNATH NAGAR, M. S. ROAD NO. 9 THANE WEST.		
City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604		
Telephone no.:	Mobile no: 919619039108	Email : jiyabhanushali1@gmail.com
DOB: Nov 15, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506942 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (A.and F.)(with Credits)-Regular-Rev16-T.Y. B.Com. (A. and F.)-Sem VI [2C00456]

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PRN: 2017016400845155	Eligibility Status: Eligible	Examination form No.: 084505 	Division/Section: B	Roll No.: 83
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA BHAVI RAJESH	Mother's Name: ALKA	Gender: Female
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Name in Vernacular Language: भविका

Address: 201 KASTURI BUILDING TILAK ROAD NEAR GOMANTAK HOTEL

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

Telephone no.:	Mobile no: 918080872731	Email : BHAVIMEHTA13@YAHOO.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: 0506953 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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. (A.and F.)(with Credits)-Regular-Rev16-T.Y. B.Com. (A. and F.)-Sem VI [2C00456]

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PRN: 2017016400845171	Eligibility Status: Eligible	Examination form No.: 084506 	Division/Section: B	Roll No.: 85	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA HASTI MANOJ	Mother's Name: CHETNA	Gender: Female
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Name in Vernacular Language: मेहता हस्ती मनोज

Address: 403/B, Arogya Bhuvan, Room No-5, Near Diamond Garden, Chembur

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

Telephone no.:	Mobile no: 919167936906	Email : khushalimehta37@gmail.com
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DOB: Jul 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: 0506955 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

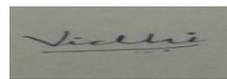
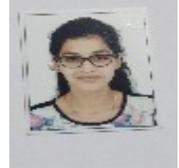
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016400845186	Eligibility Status: Eligible	Examination form No.: 084507 	Division/Section: A	Roll No.: 10
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHANDALIYA VIDHI MAHENDRA	Mother's Name: PUSHPA	Gender: Female
--------------------------------------------------	-----------------------	----------------

Name in Vernacular Language: चंडालिया विधी महेंद्र

Address: GURUVILASAM COOP HSG ROOM NO 304 A WING ASHOK NAGAR BHANDUP(EAST)

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

Telephone no.:	Mobile no: 919833537907	Email : vidhijain18.vj@gmail.com
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DOB: Jan 18, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506889 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (A.and F.)(with Credits)-Regular-Rev16-T.Y. B.Com. (A. and F.)-Sem VI [2C00456]

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PRN: 2017016400845437	Eligibility Status: Eligible	Examination form No.: 084508 	Division/Section: B	Roll No.: 128	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: SHETTY SANNIDHI RAVI	Mother's Name: SUDHA	Gender: Female
Name in Vernacular Language: शैलेश नैर्दिध		
Address: A-WING,403 ,KARTIK RESIDENCY, WAGBHIL ROAD ,ANU NAGAR, KAVESAR, THAN WAGBHIL ROAD ,ANU NAGAR, KAVESAR THANE WEST , 400615		
City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400615		
Telephone no.:	Mobile no: 919594450676	Email : sudharavishetty123@gmail.com
DOB: Sep 17, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506997 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

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Maitri

PRN: 2017016400845565	Eligibility Status: Eligible	Examination form No.: 084509 	Division/Section: B	Roll No.: 144
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VORA MAITRI MANISH	Mother's Name: RITA	Gender: Female
-------------------------------------------	---------------------	----------------

Name in Vernacular Language: वोरा मैत्री मनीष

Address: B/7, ANAND MAHAL BUILDING CAMA CROSS LANE GHATKOPAR (WEST)

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

Telephone no.: 25133740	Mobile no: 917045793193	Email : voramaitri19@gmail.com
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DOB: Jun 19, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0507012 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (A.and F.)(with Credits)-Regular-Rev16-T.Y. B.Com. (A. and F.)-Sem VI [2C00456]

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PRN: 2017016400845847	Eligibility Status: Eligible	Examination form No.: 084510 	Division/Section: B	Roll No.: 76
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: LAKHANI MEET JIGNESH	Mother's Name: NISHA	Gender: Male
Name in Vernacular Language: लखन मीत ज्ञानेश		
Address: B/8, JAI BANDHU 90 FEET ROAD GHATKOPAR EAST		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400077		
Telephone no.: 25062403	Mobile no: 919967512229	Email : nisha.nisha.lakhani@gmail.com
DOB: Oct 07, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506946 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	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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Priyanka

PRN: 2017016400846127	Eligibility Status: Eligible	Examination form No.: 084511 	Division/Section: A	Roll No.: 57
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PRIYANKA GORKHNATH KARAD	Mother's Name: SHOBHA	Gender: Female
-------------------------------------------------	-----------------------	----------------

Name in Vernacular Language: प्रियांका गोरखनाथ कराड

Address: NEW BHARATANAGAR HP COLONY VASHI NAKA

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

Telephone no.:	Mobile no: 919987964041	Email : neelamnagargoje@gmail.com
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DOB: Apr 01, 1999	Category: Reserved (NT-3 (NT-D))	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506935 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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Amole

PRN: 2017016400846271	Eligibility Status: Eligible	Examination form No.: 084512 	Division/Section: A	Roll No.: 34
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GOLE NISHA MARUTI	Mother's Name: VANDANA	Gender: Female
------------------------------------------	------------------------	----------------

Name in Vernacular Language: निशा मारुती gole

Address: 23/0 ashok nagar hill number 3 behind homeguard samadhan chawl

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

Telephone no.:	Mobile no: 917303917348	Email : golenisha20@gmail.com
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DOB: Aug 20, 1999	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506912 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400846464	Eligibility Status: Eligible	Examination form No.: 084513 	Division/Section: B	Roll No.: 109	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RUPARELIYA PRUTHA GUNAVANTRAI	Mother's Name: SANGEETA	Gender: Female
------------------------------------------------------	-------------------------	----------------

Name in Vernacular Language: रुप्रथा गुणवन्त्राय

Address: B-21 Rajat society Khandkar lane

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

Telephone no.:	Mobile no: 918689929430	Email : prutha168@gmail.com
----------------	-------------------------	-----------------------------

DOB: Aug 16, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506977 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400846487	Eligibility Status: Provisional	Examination form No.: 084514 	Division/Section: B	Roll No.: 106	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PRAJAPATI KANCHAN KUMARI SHYAMJI	Mother's Name: CHANDRAVATI	Gender: Female
---------------------------------------------------------	----------------------------	----------------

Name in Vernacular Language: प्रजापति कंचन कुमारी श्यामजी

Address: ROOM NO 4 CHAWL NO 2 ,AMIR HUSSAIN KHAN CHAWL, SAMBHAJI CHAWK,NEW MILL ROAD KURLA - WEST

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

Telephone no.:	Mobile no: 918652219407	Email : PRAJAPATICAMPS8976@GMAIL.COM
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DOB: Jan 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506975 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400847274	Eligibility Status: Provisional	Examination form No.: 084515 	Division/Section: B	Roll No.: 77	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LODHA SAACHI DILIP	Mother's Name: SANTOSH	Gender: Female
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Name in Vernacular Language: SAACHI

Address: 203,SHRADHA APPT, BELGRAMI ROAD, KURLA WEST

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

Telephone no.:	Mobile no: 919702057652	Email : saachilodha15@gmail.com
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DOB: Oct 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: 0506947 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400847711	Eligibility Status: Eligible	Examination form No.: 084516 	Division/Section: B	Roll No.: 113	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAWANT PRANALI PRAMOD	Mother's Name: PRADNYA	Gender: Female
----------------------------------------------	------------------------	----------------

Name in Vernacular Language: सावंत प्रणाली प्रमोद

Address: A-11,MIG, S.T.STAFF QUARTERS, KURLA NEHRU NAGAR, KURLA EAST, MUMBAI

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

Telephone no.:	Mobile no: 919869031063	Email : pranalisawant0922@gmail.com
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DOB: Oct 06, 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: 0506982 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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P.J. Kadlak

PRN: 2017016400847885	Eligibility Status: Eligible	Examination form No.: 084517 	Division/Section: A	Roll No.: 53
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KADLAK PRASAD JAYWANT	Mother's Name: MEENA	Gender: Male
----------------------------------------------	----------------------	--------------

Name in Vernacular Language: कडलाक प्रसाद जयवंत

Address: CHAWL NO 8/451, INDIRA VIKAS SEVA SANGH KANNAMWAR NAGAR 2 VIKHROLI EAST

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

Telephone no.:	Mobile no: 919619384676	Email : prasadkadlak99@gmail.com
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DOB: Sep 10, 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: 0506931 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400848401	Eligibility Status: Eligible	Examination form No.: 084518 	Division/Section: A	Roll No.: 25
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ANJANA SURESH DUBEY	Mother's Name: PUSHPA	Gender: Female
--------------------------------------------	-----------------------	----------------

Name in Vernacular Language: अंजना सुरेश दुबे

Address: ROOM NO-2 BASANT SETH CHAWL WATER TANK ROAD JAMIL NAGAR BHANDUP WEST

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

Telephone no.:	Mobile no: 917777073734	Email : aakasht225@gmail.com
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DOB: Nov 12, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506903 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400848803	Eligibility Status: Eligible	Examination form No.: 084519 	Division/Section: B	Roll No.: 82
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANSURI FAIZA ABDULLATIF	Mother's Name: KAUSAR	Gender: Female
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Name in Vernacular Language: फैझ मन्सुरी

Address: neel kamal apt belgrami road room number 201/202 2nd floor

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

Telephone no.:	Mobile no: 919987837600	Email : faezak210@gmail.com
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DOB: Dec 21, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506952 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400848811	Eligibility Status: Eligible	Examination form No.: 084520 	Division/Section: B	Roll No.: 93
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NAWALE NIKHIL PRAKASH	Mother's Name: JYOTI	Gender: Male
----------------------------------------------	----------------------	--------------

Name in Vernacular Language: नवले निखिल प्रकाश

Address: AHIRE CHAWL ROOM NO 99 KATODI PADA BHATWADI GHATKOPAR WEST

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

Telephone no.: Mobile no: 918097687298 Email : aschawde0188@gmail.com

DOB: Sep 26, 1998 Category: Reserved (OBC) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506962 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	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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Snehal

PRN: 2017016400848873	Eligibility Status: Provisional	Examination form No.: 084521 	Division/Section: B	Roll No.: 138
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: UMBARKAR SNEHAL NARESH	Mother's Name: ANKITA	Gender: Female
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Name in Vernacular Language: उंबरकर स्नेहल नरेश

Address: A-WING, 404, HEMADI RESIDENCY, SECTOR-11, PLOT NO.3A, KAMOTHE, NAVI MUMBAI

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 410209

Telephone no.:	Mobile no: 919967266061	Email : SnehalUmbarkar1999@gmail.com
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DOB: Dec 14, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0507006 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400848907	Eligibility Status: Eligible	Examination form No.: 084522 	Division/Section: B	Roll No.: 112
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAROTIYA AFSHEEN HANIF	Mother's Name: NASREEN	Gender: Female
-----------------------------------------------	------------------------	----------------

Name in Vernacular Language: सरोटिया अफशीं हनीफ

Address: ROOM NO 501, 5TH FLOOR NEW MEMEZES BUILDING NEAR MICHEAL HIGH SCHOOL , KURLA WEST

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

Telephone no.:	Mobile no: 919892934808	Email : afsheensarotiya@gmail.com
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DOB: Mar 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: 0506981 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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M. S. Somaiya

PRN: 2017016400849265	Eligibility Status: Eligible	Examination form No.: 084523 	Division/Section: B	Roll No.: 109
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SAGVEKAR MANAL DEEAPK	Mother's Name: SHAMA	Gender: Male
Name in Vernacular Language: हिंदू		
Address: C-8 Dattadigambar CHS, Pantnagar, Ghatkopar(East), Mumbai - 400 075 C-8 Dattadigambar CHS, Pantnagar, Ghatkopar(East), Mumbai - 400 075		
City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400075		
Telephone no.:	Mobile no: 919867759836	Email : deepak_dtp@yahoo.com
DOB: Apr 27, 1999	Category: Reserved (OBC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506978 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400849296	Eligibility Status: Eligible	Examination form No.: 084524 	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: GAWDE BHARTI PANDURANG	Mother's Name: PRATIBHA	Gender: Female
-----------------------------------------------	-------------------------	----------------

Name in Vernacular Language: गावडे भारती पांडुरंग

Address: 20/G/203, SHREE GANESH CHS, SANGHARSHNAGAR, CHANDIWALI FARM ROAD, ANDHERI EAST MUMBAI 400072

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

Telephone no.:	Mobile no: 919029320356	Email : mayurgawde10@gmail.com
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DOB: Apr 19, 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: 0506911 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400850783	Eligibility Status: Eligible	Examination form No.: 084525 	Division/Section: A	Roll No.: 49
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN RISHABH RAJESH	Mother's Name: TRISHALA	Gender: Male
--------------------------------------------	-------------------------	--------------

Name in Vernacular Language: जैन रिषभ राजेश

Address: a-1, 304, shankeshwar darshan bldg makbara road, kalyan(w)

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

Telephone no.:	Mobile no: 918879818299	Email : rishabhatalawat2000@gmail.com
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DOB: Oct 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506927 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (A.and F.)(with Credits)-Regular-Rev16-T.Y. B.Com. (A. and F.)-Sem VI [2C00456]

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PRN: 2017016400850887	Eligibility Status: Provisional	Examination form No.: 084526 	Division/Section: B	Roll No.: 80	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANE ADARSH ASHOK	Mother's Name: USHA	Gender: Male
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Name in Vernacular Language: आदर्श

Address: Room no. 7 digambar society LBS nagar Sakinaka Mumbai 400072

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

Telephone no.:	Mobile no: 918879542256	Email : adarshmane930@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: 0506950 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400851264	Eligibility Status: Eligible	Examination form No.: 084527 	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: BILIMORIA TANAZ PERCY	Mother's Name: MAHATAB	Gender: Female
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Name in Vernacular Language: Tanaz

Address: C-18/19 Pirojsha nagar, hillside colony Vikhroli (West) Mumbai, Maharashtra, 400079

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

Telephone no.: 25172581	Mobile no: 919769007282	Email : tanazbilimoria@gmail.com
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DOB: Jul 04, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506886 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400851546	Eligibility Status: Eligible	Examination form No.: 084528 	Division/Section: B	Roll No.: 79	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MALKAR RUTUJA ANIL	Mother's Name: ASHWINI	Gender: Female
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Name in Vernacular Language: मालकर ऋतुजा अनिल

Address: 5/504, MARATHA SADAN KISAN NAGAR NO.3 ROAD NO.16, WAGLE ESTATE

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

Telephone no.:	Mobile no: 919867817183	Email : rutuja26january@gmail.com
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DOB: Jan 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506949 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400851554	Eligibility Status: Eligible	Examination form No.: 084529 	Division/Section: A	Roll No.: 35	<i>Rupesh</i>
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: GOLE RUPESH ARJUN	Mother's Name: PUSHPA	Gender: Male
Name in Vernacular Language: रुपेश अर्जुन गोले		
Address: ashok nagar hill no 3 behind homeguard near budhha temple ghatkopar(w)		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070		
Telephone no.:	Mobile no: 917039998794	Email : rupeshgole47@gmail.com
DOB: May 15, 2000	Category: Reserved (SC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506913 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	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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Uzma

PRN: 2017016400851763	Eligibility Status: Eligible	Examination form No.: 084530 	Division/Section: B	Roll No.: 125
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH UZMA MOHAMMED LIYAKATH	Mother's Name: SAMEERA	Gender: Female
------------------------------------------------------	------------------------	----------------

Name in Vernacular Language: शैख उज्मा मोहम्मद लियकत

Address: f-8, mahavir niwas, mohili village, sakinaka mumbai 400072

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

Telephone no.:	Mobile no: 919930668979	Email : uzmaashikh17@gmail.com
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DOB: Dec 16, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506994 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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Signature

PRN: 2017016400851786	Eligibility Status: Eligible	Examination form No.: 084531 	Division/Section: B	Roll No.: 89
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA SHRUTI SANJAY	Mother's Name: JIGNA	Gender: Female
--------------------------------------------	----------------------	----------------

Name in Vernacular Language: मेहता श्रुति संजय

Address: B-501, smita chs Dr.Ambedkar road, mulund (west) mumbai 400080

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

Telephone no.: 25618901	Mobile no: 917045588437	Email : meetoverseas@yahoo.co.in
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DOB: Apr 13, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506958 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400851813	Eligibility Status: Eligible	Examination form No.: 084532 	Division/Section: A	Roll No.: 12	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CORDHERO HANSIE HERALD	Mother's Name: MELONY	Gender: Female
-----------------------------------------------	-----------------------	----------------

Name in Vernacular Language: कॉर्डहेरो हंसीए हेराल्ड

Address: Room no. 8 saudagar niwas no. 2 shri krishna nagar safed pool, pipe line sakinaka mumbai

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

Telephone no.:	Mobile no: 919820207875	Email : crhansie@gmail.com
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DOB: Mar 22, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506891 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400851836	Eligibility Status: Eligible	Examination form No.: 084533 	Division/Section: A	Roll No.: 41
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HARIA PRACHI SHAILESH	Mother's Name: ALPA	Gender: Female
----------------------------------------------	---------------------	----------------

Name in Vernacular Language: हरिया प्राची शैलेश

Address: 808, PARASHNATH APT., 4TH FLOOR r.no.19,ajanta compound, dHAMANKAR nAKA,

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

Telephone no.:	Mobile no: 917875193244	Email : hariaprachi26@gmail.com
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DOB: Jan 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506919 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	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:		



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

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PRN: 2017016400851875	Eligibility Status: Eligible	Examination form No.: 084534 	Division/Section: A	Roll No.: 59	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHADE GAURAV PRADIP	Mother's Name: POOJA	Gender: Male
--------------------------------------------	----------------------	--------------

Name in Vernacular Language: खडे गौरव प्रदीप

Address: 19/2, jai shubham chs devi chowk,shastri nagar dombivli(w)

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

Telephone no.: 2498814	Mobile no: 919920943909	Email : khadegaurav10@gmail.com
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DOB: Jan 10, 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: 0506937 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400851925	Eligibility Status: Eligible	Examination form No.: 084535 	Division/Section: A	Roll No.: 65
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KOREPU KOMAL RAJU	Mother's Name: ANITA	Gender: Female
------------------------------------------	----------------------	----------------

Name in Vernacular Language: कोरेंपु कोमल अनिता

Address: bhim nagar tansa pipe line r.n gandhi road rajawadi

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

Telephone no.:	Mobile no: 918898851975	Email : komalkorepu257@gmail.com
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DOB: Jul 25, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506943 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

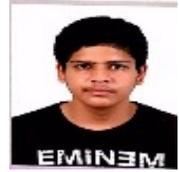
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EMINEM

PRN: 2017016400852132	Eligibility Status: Eligible	Examination form No.: 084536 	Division/Section: A	Roll No.: 61	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHANDE DURVESH SHASHIKANT	Mother's Name: SHALAKA KHANDE	Gender: Male
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Name in Vernacular Language: खंडे दुर्वेश शशिकांत

Address: B-602,Sai Aashish Behind Vikhroli Bus Depot Vikhroli (E) , Mumbai - 400083

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

Telephone no.:	Mobile no: 918097343829	Email : durvesh.k1102@gmail.com
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DOB: Nov 02, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506939 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and 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: 2017016400852147	Eligibility Status: Eligible	Examination form No.: 084537 	Division/Section: A	Roll No.: 44	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAGDALE SAHIL SUBHASH	Mother's Name: SAYLI	Gender: Male
----------------------------------------------	----------------------	--------------

Name in Vernacular Language: जगदाळे साहिल सुभाष

Address: 7-A/24, Vrindavan Society Thane West

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

Telephone no.:	Mobile no: 919892814054	Email : sahil21101999@gmail.com
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DOB: Oct 21, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506922 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016400852163	Eligibility Status: Eligible	Examination form No.: 084538 	Division/Section: A	Roll No.: 52
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: KADAM AISHWARYA MILIND	Mother's Name: MEENA	Gender: Female
Name in Vernacular Language: ऐश्वर्या कदम		
Address: hanuman mandir , walmiki nagar hariyali village, gr. no.5 vikhroli east		
City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083		
Telephone no.:	Mobile no: 918286672048	Email : aishwaryakadam622@gmail.com
DOB: May 18, 2000	Category: Reserved (SC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506930 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016400852171	Eligibility Status: Provisional	Examination form No.: 084539 	Division/Section: B	Roll No.: 118
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH HITIKSHA MANOJ	Mother's Name: MEENA	Gender: Female
--------------------------------------------	----------------------	----------------

Name in Vernacular Language: hitiksha

Address: 5 bungalow behind woodlands inn opposite bus depot. M.G ROAD

City: silvassa, Taluka: silvassa, District: Dadra and Nagar Haveli, State: Dadra and Nagar Haveli, PIN: 396230

Telephone no.:	Mobile no: 919824718826	Email : hitikshashah1999@gmail.com
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DOB: Dec 24, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506987 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016400852186	Eligibility Status: Provisional	Examination form No.: 084540 	Division/Section: B	Roll No.: 114	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SIDDHI VASUDEO SAWANT	Mother's Name: VAIBHAVI	Gender: Female
----------------------------------------------	-------------------------	----------------

Name in Vernacular Language: सिद्धी वासुदेव सावंत

Address: 15/266 c.g.s. colony sector B bhandup (east)

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

Telephone no.:	Mobile no: 919869685470	Email : sawantsid112@gmail.com
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DOB: Feb 24, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506983 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

PRN: 2017016401265942	Eligibility Status: Eligible	Examination form No.: 084541 	Division/Section: A	Roll No.: 51
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOBALIA TIRTH VIKAS	Mother's Name: DEENA	Gender: Male
--------------------------------------------	----------------------	--------------

Name in Vernacular Language: जौबलिया तीर्थ विकस

Address: 702 sunrise Yogi hills mulund west Mumbai

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

Telephone no.: 25616258	Mobile no: 918767387676	Email : tirthjobalia20@gmail.com
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DOB: Aug 18, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506929 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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B.Com. (A.and F.)(with Credits)-Regular-Rev16-T.Y. B.Com. (A. and F.)-Sem VI [2C00456]

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Avdhesh

PRN: 2017016401819227	Eligibility Status: Eligible	Examination form No.: 084542 	Division/Section: B	Roll No.: 130
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SONKAR AVDHESH GORAKHNATH	Mother's Name: SAVITA	Gender: Male
--------------------------------------------------	-----------------------	--------------

Name in Vernacular Language: सोनकर अवधेश गोरखनाथ

Address: 19/D/004, SANJEEVANI CHS, CHANDIVALI FARM ROAD ANDHERI EAST

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

Telephone no.:	Mobile no: 918454935898	Email : sonkaravdhesh251@gmail.com
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DOB: Apr 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: 0506998 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401819235	Eligibility Status: Eligible	Examination form No.: 084543 	Division/Section: B	Roll No.: 110	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SALGIA PAYAL SUDHIR	Mother's Name: VARSHA	Gender: Female
--------------------------------------------	-----------------------	----------------

Name in Vernacular Language: सलुगल सुदुहल

Address: 6 Triveni Vallabh Baug Lane opp. Sai Baba Mandir Ghatkopar (East)

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

Telephone no.: 25064102	Mobile no: 917738659137	Email : payalsalgia123@gmail.com
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DOB: Aug 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: 0506979 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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N K Desai

PRN: 2017016401819243	Eligibility Status: Eligible	Examination form No.: 084544 	Division/Section: A	Roll No.: 16
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DESAI NISHI KETAN	Mother's Name: MANISHA	Gender: Female
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Name in Vernacular Language: देसाई निशी केतन

Address: 7 /706 somnath neekanth valley rajawadi ghatkopar east

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

Telephone no.: Mobile no: 919619535068 Email : nishimanisha17@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0506895 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**
Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2017016401819251	Eligibility Status: Eligible	Examination form No.: 084545 	Division/Section: A	Roll No.: 13
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DAND HEMINI KAMLESH	Mother's Name: DEENA	Gender: Female
--------------------------------------------	----------------------	----------------

Name in Vernacular Language: दंड हेमिनी कमलेश

Address: A/8 /84 SHASTRI NAGAR NR ONGC COLONY VIDHYAVIHAR EAST

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

Telephone no.:	Mobile no: 919969195218	Email : dandhemini@gmail.com
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DOB: Jul 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: 0506892 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2017016401819274	Eligibility Status: Eligible	Examination form No.: 084546 	Division/Section: A	Roll No.: 95
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: PAI VARUN GURUDAS	Mother's Name: SULOCHANI	Gender: Male
Name in Vernacular Language: वै वरुन गुरुदास		
Address: 31.gurukripa mysore colony,chembur near rcf gate no:2		
City: MUMBAI , Taluka: Kurla , District: Mumbai Suburban , State: Maharashtra , PIN: 400074		
Telephone no.:	Mobile no: 919820557525	Email : varunreus7@gmail.com
DOB: Jul 01, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)		Exam Event: Apr-2019 Seat No: 0506964 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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Santosh

PRN: 2017016401819347	Eligibility Status: Eligible	Examination form No.: 084547 	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: DHERE SANTOSH BABAN	Mother's Name: SHALINI	Gender: Male
--------------------------------------------	------------------------	--------------

Name in Vernacular Language: देरे संतोष बबन

Address: SANDESH NAGAR KURLA ANDHERI ROAD, BAIL BAZAR KURLA WEST

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

Telephone no.:	Mobile no: 918693847815	Email : santosh.dhere2000@gmail.com
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DOB: Jun 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: 0506897 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016401910365	Eligibility Status: Provisional	Examination form No.: 084548 	Division/Section: A	Roll No.: 1	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AGARWAL PRITHVI UMESH	Mother's Name: MEENU	Gender: Male
----------------------------------------------	----------------------	--------------

Name in Vernacular Language: अग्रवाल पृथ्वी उमेश

Address: 5-A, BELLAGIO, BEHIND HYOER CITY, KASARWADAVALI, THANE WEST

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

Telephone no.:	Mobile no: 918850445675	Email :
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DOB: Dec 02, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506880 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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Asenghani

PRN: 2017016401932794	Eligibility Status: Eligible	Examination form No.: 084549 	Division/Section: B	Roll No.: 115
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SENGHANI AGNYA RAMESH	Mother's Name: RASILABEN	Gender: Female
Name in Vernacular Language: सेंधाणी आग्या रमेश		
Address: 204-A gurukrupa rishikesh bld nandivali road dombivali (East)		
City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 919321125885	Email : agnyasenghani222@gmail.com
DOB: Jan 16, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0506984 (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	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (A.and F.)(with Credits)-Regular-Rev16-T.Y. B.Com. (A. and F.)-Sem VI [2C00456]

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PRN: 2017016403361752	Eligibility Status: Provisional	Examination form No.: 084550 	Division/Section: A	Roll No.: 152	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DUBEY ASHISH RAMESH	Mother's Name: MEENA	Gender: Male
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Name in Vernacular Language: दुबे आशिष रमेश

Address: 2, BASANTH SETH CHAWL, JAMIL NAGAR, WATER TANK ROAD, BHANDUP WEST

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

Telephone no.:	Mobile no: 918828174348	Email :
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DOB: Apr 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: 2017016403361752 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

Payment Details:

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (A.and F.)(with Credits)-Regular-Rev16-T.Y. B.Com. (A. and F.)-Sem VI [2C00456]

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PRN: 2017016403361767	Eligibility Status: Provisional	Examination form No.: 084551 	Division/Section: A	Roll No.: 01	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DHYANI ADITYA PRAVIN	Mother's Name: MEENA	Gender: Male
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Name in Vernacular Language: ध्यानी अदित्य प्रवीण

Address: 12/306, MILENNIUM PARK, HARI OM NAGAR, MULUND EAST

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

Telephone no.:	Mobile no: 919930879212	Email :
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DOB: May 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: 910222 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (A.and F.)(with Credits)-Regular-Rev16-T.Y. B.Com. (A. and F.)-Sem VI [2C00456]

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PRN: 2017016403361775	Eligibility Status: Provisional	Examination form No.: 084552 	Division/Section: B	Roll No.: 88	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA ROHIT JITESH	Mother's Name: PRITI	Gender: Male
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Name in Vernacular Language: मेहता रोहित जितेशच

Address: 570/16, RAJASTHAN CHAMBERS, NEW HILL ROAD, KURLA WEST

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

Telephone no.:	Mobile no: 918767324346	Email :
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DOB: Dec 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: 910221 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85601	Financial Accounting VII	Th-UA [] ;Th-CA []
2	85602	Cost Accounting IV	Th-UA [] ;Th-CA []
3	85603	Financial Management III	Th-UA [] ;Th-CA []
4	85604	Taxation V (Indirect Taxes III)	Th-UA [] ;Th-CA []
5	85607	Economics Paper III (Indian Economy)	Th-UA [] ;Th-CA []
6	UA_FFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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