



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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2016016400396743 | Eligibility Status: Eligible | Examination form No.: 074257 | Division/Section: A | Roll No.: 36 | |
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| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

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|---|-----------------------|----------------|
| Student's Name: MOHANTY POOJA AJAY | Mother's Name: SUJATA | Gender: Female |
|---|-----------------------|----------------|

Name in Vernacular Language: मोहंती पूजा अजय सुजाता

Address: ROOM NO 38 BAUDH PURNKUTI DSOUZA ESTATE KAJUPADA
KURLA WEST

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

| | | |
|----------------|-------------------------|-----------------------------------|
| Telephone no.: | Mobile no: 918425996411 | Email : MOHANTYPOOJA999@GMAIL.COM |
|----------------|-------------------------|-----------------------------------|

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| DOB: Jul 23, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551007 (Status: Pass) |
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Exam form appearance type: Fresher

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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| 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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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand 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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B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B. & I.)-Sem VI [2C00346]

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Ukatke

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|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2016016400453845 | Eligibility Status: Eligible | Examination form No.: 074258 | Division/Section: A | Roll No.: 71 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

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| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---------------------------------------|-----------------------|----------------|
| Student's Name: KATKE UMA ARUN | Mother's Name: KAVITA | Gender: Female |
|---------------------------------------|-----------------------|----------------|

Name in Vernacular Language: कटके उमा अरुण कविता

Address: ROOM NO 05 SAWANT CHAWL INDIRA NAGAR SUNDERBAUG KAMANI KURLA WEST

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

| | | |
|----------------|-------------------------|--------------------------------|
| Telephone no.: | Mobile no: 918108892356 | Email : UMAKATKE1998@GMAIL.COM |
|----------------|-------------------------|--------------------------------|

| | | |
|-------------------|-------------------------|-------------------------|
| DOB: Nov 26, 1998 | Category: Reserved (SC) | Physically Handicap: No |
|-------------------|-------------------------|-------------------------|

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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0556198 (Status: Pass) |
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Exam form appearance type: Fresher

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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|-----------------|--------------------|--------------------------|------------------|
| 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:

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| Amount Received: | College Receipt No. and 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

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



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B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2016016400547776 | Eligibility Status: Eligible | Examination form No.: 074259 | 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: PANDEY BARKHA | Mother's Name: SUMAN | Gender: Female |
|--------------------------------------|----------------------|----------------|

Name in Vernacular Language: पांडे बरखा

Address: HAJI MALANG ROAD NEAR NAMASKAR DHABA FLAT NO 101 TUKARAM PLAZA

City: KALYAN, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421306

| | | |
|----------------|-------------------------|------------------------------------|
| Telephone no.: | Mobile no: 918767675264 | Email : rameshpandey1174@gmail.com |
|----------------|-------------------------|------------------------------------|

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|-------------------|----------------|-------------------------|
| DOB: Apr 02, 1998 | Category: Open | Physically Handicap: No |
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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Nov-2018 | Seat No: 3341936 (Status: Pass) |
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Exam form appearance type: Fresher

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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



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B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2016016400551252 | Eligibility Status: Eligible | Examination form No.: 074260 | Division/Section: A | Roll No.: 55 | |
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| Instruction Medium: | Nationality: India |
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Student's Personal Information

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|--|---------------------------|----------------|
| Student's Name: SAKHARE NISHA NARAYAN | Mother's Name: SHASHIKALA | Gender: Female |
|--|---------------------------|----------------|

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|--|
| Name in Vernacular Language: SAKHARE NISHA NARAYAN |
|--|

| |
|---|
| Address: ANJUMAN CHAWL ROOM/11 SAKINAKA PIPELINE MOHILI VILLAGE GHATKOPAR (W) MUMBAI-72 |
|---|

| |
|---|
| City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072 |
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| | | |
|----------------|-------------------------|---------------------------------|
| Telephone no.: | Mobile no: 919920295945 | Email : nishasakhare6@gmail.com |
|----------------|-------------------------|---------------------------------|

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| DOB: Apr 28, 1999 | Category: Open | Physically Handicap: No |
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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Nov-2018 | Seat No: 3341937 (Status: Pass) |
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| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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| 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:

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| Amount Received: | College Receipt No. and Date: |
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| DD No: | MICR No: | DD Date: | Bank: |
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| Center Preference (Code/Name): |
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| Venue Preference (Code/Name): |
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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand 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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| | | |
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| Place: | College Staff Signature | Seal and Signature of Principal/HOD/Chairperson |
| Date: | | |



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B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016400420795 | Eligibility Status: Eligible | Examination form No.: 074261 | Division/Section: A | Roll No.: 69 | |
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| Instruction Medium: | Nationality: India |
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Student's Personal Information

| | | |
|---|-----------------------|----------------|
| Student's Name: VORA HASTI HARSHAD | Mother's Name: BHARTI | Gender: Female |
|---|-----------------------|----------------|

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|--|
| Name in Vernacular Language:vora hasti harshad |
|--|

| |
|---|
| Address: b/8 laxman chaya gogras wadi patharvi road, dombivali east |
|---|

| |
|---|
| City: MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 421201 |
|---|

| | | |
|----------------|-------------------------|-------------------------------|
| Telephone no.: | Mobile no: 918451896932 | Email : hastivora27@gmail.com |
|----------------|-------------------------|-------------------------------|

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

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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551037 (Status: Pass) |
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| Exam form appearance type: Fresher |
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| Paper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) |
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| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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| 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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| Center Preference (Code/Name): |
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| Venue Preference (Code/Name): |
|-------------------------------|

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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2017016400420806 | Eligibility Status: Eligible | Examination form No.: 074262 | Division/Section: A | Roll No.: 19 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

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|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|---------------------|----------------|
| Student's Name: GOSAI DARSHANA NITIN | Mother's Name: NITA | Gender: Female |
|---|---------------------|----------------|

| |
|--------------------------------------|
| Name in Vernacular Language: gujrati |
|--------------------------------------|

| |
|--|
| Address: Room no. 201, Shantaram Niwas Azadepada road shiv Parvati Mandir Azadepada Dombivali East |
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| |
|---|
| City: Dombivali, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201 |
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| | | |
|----------------|-------------------------|------------------------------------|
| Telephone no.: | Mobile no: 919892268481 | Email : darshnagoswami19@gmail.com |
|----------------|-------------------------|------------------------------------|

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|-------------------|----------------|-------------------------|
| DOB: Nov 19, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550991 (Status: Pass) |
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| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

| | | | |
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| 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:

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

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



University of Mumbai, Mumbai

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

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Application Form for Examination of Summer Session 2020 event.

B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016400839441 | Eligibility Status: Eligible | Examination form No.: 074263 | Division/Section: A | Roll No.: 03 | |
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|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|----------------------|----------------|
| Student's Name: BERA HIRAL KANJI | Mother's Name: HANSA | Gender: Female |
|---|----------------------|----------------|

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|--|
| Name in Vernacular Language: बेरा हिरल कांजी |
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|------------------------------|
| Address: 901 Mahaveer towers |
|------------------------------|

| |
|--|
| City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601 |
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| | | |
|----------------|-------------------------|--------------------------------|
| Telephone no.: | Mobile no: 919820752233 | Email : hiralbera345@gmail.com |
|----------------|-------------------------|--------------------------------|

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| DOB: Apr 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: 0550978 (Status: Pass) |
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| Exam form appearance type: Fresher |
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Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

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

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



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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016400839472 | Eligibility Status: Eligible | Examination form No.: 074264 | Division/Section: A | Roll No.: 16 | |
| Instruction Medium: | | | Nationality: India | | |

Student's Personal Information

| | | |
|--|-------------------------|----------------------------------|
| Student's Name: GOHIL NIKUNJ NAROTTAMBHAI | Mother's Name: BHARTI | Gender: Male |
| Name in Vernacular Language: Nikunj | | |
| Address: Room no.24, Narendra Niwas, Natthu bhavsar Estate, Near Chirag Nagar Police Station, Ghatkopar (West) | | |
| City: MUMBAI, Taluka: , District: Mumbai City, State: Maharashtra, PIN: 400086 | | |
| Telephone no.: | Mobile no: 919167061859 | Email : nikunjgohil056@gmail.com |
| DOB: Apr 05, 1999 | Category: Open | Physically Handicap: No |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550988 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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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Viren

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400839681 | Eligibility Status: Eligible | Examination form No.: 074265 | Division/Section: A | Roll No.: 33 |
| Instruction Medium: | | | Nationality: India | |

| | | |
|--|-------------------------|----------------------------------|
| Student's Personal Information | | |
| Student's Name: MEHTA VIREN PRADIP | Mother's Name: DAXA | Gender: Male |
| Name in Vernacular Language: वीरेण प्रदीप MEHTA | | |
| Address: T-1,19/ 20,nutan sandesh, vallabhbhag lane extension,garodia nagar | | |
| City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400077 | | |
| Telephone no.: | Mobile no: 919619691714 | Email : virenmehta1998@gmail.com |
| DOB: Nov 06, 1998 | Category: Open | Physically Handicap: No |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551005 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

Declaration by Principal/HOD/Chairperson

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

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



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Ankita

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400840123 | Eligibility Status: Eligible | Examination form No.: 074266 | Division/Section: A | Roll No.: 20 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

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| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|---------------------------|----------------|
| Student's Name: GUSAI ANKITA RAMESHPURI | Mother's Name: PARVATIBEN | Gender: Female |
|--|---------------------------|----------------|

Name in Vernacular Language: गुसाई अंकिता रमेशपुरी

Address: 51/3RD FLOOR, LAXMI BHAVAN 1, KISAN NAGAR NO.1, WAGLE ESTATE, THANE WEST

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

| | | |
|----------------|-------------------------|------------------------------------|
| Telephone no.: | Mobile no: 917506552510 | Email : ankitagoswami963@gmail.com |
|----------------|-------------------------|------------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Aug 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: 0550992 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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| Convocation Fee | Exam Form Late Fee | Exam Form Super Late Fee | Examination Fees |
| 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: 2017016400840193 | Eligibility Status: Eligible | Examination form No.: 074267 | Division/Section: A | Roll No.: 25 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

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| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|-----------------------|----------------|
| Student's Name: KANDPAL ADITI NAVIN | Mother's Name: LALITA | Gender: Female |
|--|-----------------------|----------------|

Name in Vernacular Language: अदिति

Address: 302 A/1 Swastik Apt Khopat, Thane West

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

| | | |
|----------------|-------------------------|----------------------------------|
| Telephone no.: | Mobile no: 919869698745 | Email : kandpaladiti30@gmail.com |
|----------------|-------------------------|----------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: May 30, 2000 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550998 (Status: Pass) |
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Exam form appearance type: Fresher

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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| 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:

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| Amount Received: | College Receipt No. and 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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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand 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: 2017016400840274 | Eligibility Status: Eligible | Examination form No.: 074268 | Division/Section: A | Roll No.: 35 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
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| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|-----------------------|----------------|
| Student's Name: MIRGULE AMEESHA VASANT | Mother's Name: SHOBHA | Gender: Female |
|---|-----------------------|----------------|

Name in Vernacular Language: मिरगुळे अमिषा वसंत

Address: 817, SHYAM SUNDER SOCIETY HANUMAN NAGAR VIKHROLI PARKSITE

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

| | | |
|----------------|-------------------------|------------------------------------|
| Telephone no.: | Mobile no: 919167173208 | Email : ameeshamirgule83@gmail.com |
|----------------|-------------------------|------------------------------------|

| | | |
|-------------------|--------------------------|-------------------------|
| DOB: May 08, 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: 910023 (Status: Pass) |
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Exam form appearance type: Fresher

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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| Convocation Fee | Exam Form Late Fee | Exam Form Super Late Fee | Examination Fees |
| 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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SHAIKH KHADIJATULKUBRA KHADIM ALI

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400840436 | Eligibility Status: Eligible | Examination form No.: 074269 | Division/Section: A | Roll No.: 60 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|----------------------|----------------|
| Student's Name: SHAIKH KHADIJATULKUBRA KHADIM ALI | Mother's Name: AMENA | Gender: Female |
|--|----------------------|----------------|

Name in Vernacular Language: खदिज

Address: B/306, MANAVDRISHTI SOCIETY OPP. KURLA COURT L.B.S ROAD

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

| | | |
|----------------|-------------------------|---------------------------------|
| Telephone no.: | Mobile no: 919867786882 | Email : mohd.khadim92@gmail.com |
|----------------|-------------------------|---------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Sep 19, 1998 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551030 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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: |
|--------|----------|----------|-------|

Center Preference (Code/Name):

Venue Preference (Code/Name):

| | |
|--|--------------------------|
| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400840452 | Eligibility Status: Eligible | Examination form No.: 074270 | Division/Section: A | Roll No.: 22 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|----------------------|----------------|
| Student's Name: JAIN AAKANSHA RAJESH MAMTA | Mother's Name: MAMTA | Gender: Female |
|---|----------------------|----------------|

Name in Vernacular Language: आकांक्ष

Address: SHOP NO 6 KRUTIKA STORES OPPOSITE MMRDA COLONY

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

| | | |
|----------------|-------------------------|----------------------------------|
| Telephone no.: | Mobile no: 918452835062 | Email : jainaakansha14@gmail.com |
|----------------|-------------------------|----------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: May 14, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550994 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

| | | | |
|--------------------|--------------------|--------------------------|------------------|
| Convocation Fee | Exam Form Late Fee | Exam Form Super Late Fee | Examination Fees |
| 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: |
|--------|----------|----------|-------|

Center Preference (Code/Name):

Venue Preference (Code/Name):

| | |
|--|--------------------------|
| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2017016400840622 | Eligibility Status: Eligible | Examination form No.: 074271 | Division/Section: A | Roll No.: 63 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|----------------------------|----------------|
| Student's Name: SAKSHI MADAN SINGH | Mother's Name: MADHU SINGH | Gender: Female |
|---|----------------------------|----------------|

Name in Vernacular Language: साक्षी मदन सिंह

Address: B 404 LAXMI NARAYAN RESIDENCY DEVDAYA NAGAR THANE WEST

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

| | | |
|----------------|-------------------------|-------------------------------|
| Telephone no.: | Mobile no: 919930496783 | Email : aalyaneelam@gmail.com |
|----------------|-------------------------|-------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: May 07, 1998 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551032 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

| | | | |
|--------------------|--------------------|--------------------------|------------------|
| Convocation Fee | Exam Form Late Fee | Exam Form Super Late Fee | Examination Fees |
| 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: |
|--------|----------|----------|-------|

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400840661 | Eligibility Status: Eligible | Examination form No.: 074272 | Division/Section: A | Roll No.: 61 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|---------------------|--------------|
| Student's Name: SHETH AAGAM KAMLESH | Mother's Name: NIPA | Gender: Male |
|--|---------------------|--------------|

Name in Vernacular Language: शेठ आगम कमलेश

Address: C/402 CHHEDA HEIGHTS LBS MARG BHANDUP WEST

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

| | | |
|----------------|-------------------------|--------------------------------|
| Telephone no.: | Mobile no: 918369264047 | Email : aagamsheth33@gmail.com |
|----------------|-------------------------|--------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Aug 31, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551031 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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|-----------------|--------------------|--------------------------|------------------|
| 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: 2017016400840711 | Eligibility Status: Provisional | Examination form No.: 074273 | Division/Section: A | Roll No.: 39 |
| Instruction Medium: | | | Nationality: India | |

Student's Personal Information

| | | |
|---|--------------------------|---------------------------------|
| Student's Name: NAHAR SIMRAN RAJENDRA | Mother's Name: SUDARSHNA | Gender: Female |
| Name in Vernacular Language: सिमरन नाहर | | |
| Address: C-504 shreeji enclave plot 18 sec 13 kharghar navi mumbai | | |
| City: Kharghar, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410210 | | |
| Telephone no.: | Mobile no: 919930253624 | Email : simrannahar19@gmail.com |
| DOB: Feb 12, 2000 | Category: Open | Physically Handicap: No |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551010 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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| | | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016400840807 | Eligibility Status: Eligible | Examination form No.: 074274 | Division/Section: A | Roll No.: 68 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|----------------------|--------------|
| Student's Name: VADHVANA DIPESH RAMESH | Mother's Name: MADHU | Gender: Male |
|---|----------------------|--------------|

| |
|--|
| Name in Vernacular Language: વધવાના દીપેશ રમેશ |
|--|

| |
|--|
| Address: NEAR RCF GATE NO.3,Dr.C.G.ROAD, GANDHI NAGAR,, OPP BLDG NO-27,CHEMBUR |
|--|

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

| | | |
|----------------|-------------------------|------------------------------------|
| Telephone no.: | Mobile no: 919702571662 | Email : dipeshvadhvana99@gmail.com |
|----------------|-------------------------|------------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Aug 30, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551036 (Status: Pass) |
|--|----------------------|---------------------------------|

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| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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: | | |
|--------------------|--------|--|--|

Payment Details:

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| Amount Received: | College Receipt No. and Date: |
|------------------|-------------------------------|

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| 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: |

Declaration 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400841486 | Eligibility Status: Eligible | Examination form No.: 074275 | Division/Section: A | Roll No.: 30 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|-----------------------|----------------|
| Student's Name: MAHANA ARCHANA ANANT KABITA | Mother's Name: KABITA | Gender: Female |
|--|-----------------------|----------------|

Name in Vernacular Language: अर्चना

Address: R.no-9,Dattatry Chawl No-5,Indira Nagar Sainath Ngr Rd,Ghatkopar(West)

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

Telephone no.: Mobile no: 917506568118 Email : archumahana@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0551002 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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

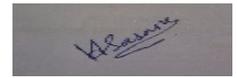
<http://mum.digitaluniversity.ac/>

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Application Form for Examination of Summer Session 2020 event.

B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B. & I.)-Sem VI [2C00346]

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| | | | | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400841737 | Eligibility Status: Provisional | Examination form No.: 074276 | Division/Section: A | Roll No.: 56 |
|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|------------------------|----------------|
| Student's Name: SASANE VAIBHAVI ARUN | Mother's Name: VANDANA | Gender: Female |
|---|------------------------|----------------|

Name in Vernacular Language: ससाणे वैभववी अरुण

Address: B004, SHIV PRERANA CHS ANDHERI-GHATKOPAR LINK ROAD ASALPHA, GHATKOPAR (W)

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

| | | |
|-------------------------|-------------------------|------------------------------------|
| Telephone no.: 25148196 | Mobile no: 918805371186 | Email : vaibhavisasane30@gmail.com |
|-------------------------|-------------------------|------------------------------------|

| | | |
|-------------------|--------------------------|-------------------------|
| DOB: Jan 30, 2000 | Category: Reserved (SBC) | Physically Handicap: No |
|-------------------|--------------------------|-------------------------|

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|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551025 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

| | | | |
|--------------------|--------------------|--------------------------|------------------|
| Convocation Fee | Exam Form Late Fee | Exam Form Super Late Fee | Examination Fees |
| 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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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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Bhosale

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400841857 | Eligibility Status: Eligible | Examination form No.: 074277 | Division/Section: A | Roll No.: 05 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|------------------------|----------------|
| Student's Name: BHOSALE MANGAL BANSI | Mother's Name: SUREKHA | Gender: Female |
|---|------------------------|----------------|

| |
|---|
| Name in Vernacular Language: भोसले मंगल बन्सी |
|---|

| |
|--|
| Address: NEW GAUTAM NAGAR PLOT NO-4, GOVANDI |
|--|

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

| | | |
|----------------|-------------------------|-------------------------------------|
| Telephone no.: | Mobile no: 919702848371 | Email : pratikshabansi854@gmail.com |
|----------------|-------------------------|-------------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Dec 31, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550980 (Status: Pass) |
|--|----------------------|---------------------------------|

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| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

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|-------------------------------|
| Venue Preference (Code/Name): |
|-------------------------------|

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

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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Yogita

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400842613 | Eligibility Status: Eligible | Examination form No.: 074278 | Division/Section: A | Roll No.: 38 |
| Instruction Medium: | | | Nationality: India | |

Student's Personal Information

| | | |
|---|-------------------------|-------------------------------------|
| Student's Name: MULIK YOGITA RAVINDRA | Mother's Name: SHOBHA | Gender: Female |
| Name in Vernacular Language: मुळीक योगिता रविंद्र | | |
| Address: PANCHPARMESHWAR APT. ROOM NO. 105 ROAD NO16, KISAN NAGAR WAGLE ESTATE, THANE (W) | | |
| City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604 | | |
| Telephone no.: | Mobile no: 918419986753 | Email : vilas.d.sawant338@gmail.com |
| DOB: Apr 30, 1999 | Category: Open | Physically Handicap: No |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551009 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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: 2017016400842795 | Eligibility Status: Eligible | Examination form No.: 074279 | Division/Section: A | Roll No.: 14 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|-------------------------|-----------------------------------|
| Student's Name: GANDHI APEKSHA SURESH | Mother's Name: ALPA | Gender: Female |
| Name in Vernacular Language: GANDHI APEKSHA SURESH | | |
| Address: A- 201 HARE KRISHNA NIWAS PANDURANG WADI MANPADA ROAD | | |
| City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201 | | |
| Telephone no.: | Mobile no: 918080796416 | Email : apekshagandhi43@gmail.com |
| DOB: Dec 18, 1999 | Category: Open | Physically Handicap: No |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550987 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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Vikram

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400842934 | Eligibility Status: Eligible | Examination form No.: 074280 | Division/Section: A | Roll No.: 34 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
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| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|-------------------------|--------------|
| Student's Name: VIKRAM MAHESH MEISHERI | Mother's Name: GUNWANTI | Gender: Male |
|---|-------------------------|--------------|

Name in Vernacular Language: विक्रम महेश मेईशेरी

Address: 60 "SHAMMANI" URBAN BANK COLONY SHIVNERIMARG STATION ROAD

City: AHME, Taluka: Ahmednagar, District: Ahmednagar, State: Maharashtra, PIN: 414001

| | | |
|----------------|-------------------------|-------------------------------------|
| Telephone no.: | Mobile no: 919545678954 | Email : vikrammeisheri123@gmail.com |
|----------------|-------------------------|-------------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| 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: 0551006 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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| | | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016400843334 | Eligibility Status: Eligible | Examination form No.: 074281 | Division/Section: A | Roll No.: 09 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|--------------------------|----------------|
| Student's Name: CHUDASAMA RITIKA DINESH | Mother's Name: RASHMIBEN | Gender: Female |
|--|--------------------------|----------------|

| |
|--|
| Name in Vernacular Language: CHUDASAMA RITIKA DINESH |
|--|

| |
|--|
| Address: ROOM NO. 31,SAHAKAR SOCIETY PANCHPARMESHWAR TEMPLE ROAD, KISAN NAGAR NO. 1, |
|--|

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

| | | |
|----------------|-------------------------|------------------------------------|
| Telephone no.: | Mobile no: 919930325675 | Email : ritikachudasma12@gmail.com |
|----------------|-------------------------|------------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Nov 08, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 910024 (Status: Pass) |
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| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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| 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:

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

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| Venue Preference (Code/Name): |
|-------------------------------|

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

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

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B. & I.)-Sem VI [2C00346]

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SIDDHANT JADHAV
37-98-2698

| | | | | | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016400843423 | Eligibility Status: Provisional | Examination form No.: 074282 | Division/Section: A | Roll No.: 21 | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|------------------------|--------------|
| Student's Name: SIDDHANT GAJANAND JADHAV | Mother's Name: SANGITA | Gender: Male |
|---|------------------------|--------------|

Name in Vernacular Language: सिद्धांत गजानंद जाधव

Address: c/7,kamal kunj hou soc shivaji nagar near asalpha metro station

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

| | | |
|----------------|-------------------------|--------------------------------------|
| Telephone no.: | Mobile no: 917024969099 | Email : siddhantjadhav7748@gmail.com |
|----------------|-------------------------|--------------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Jul 09, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550993 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

| | | | |
|--------------------|--------|--|--|
| Mark Statement Fee | Total: | | |
|--------------------|--------|--|--|

Payment Details:

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| Amount Received: | College Receipt No. and Date: |
|------------------|-------------------------------|

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|--------|----------|----------|-------|
| 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: |

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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Ekdula Komal

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400843647 | Eligibility Status: Eligible | Examination form No.: 074283 | Division/Section: A | Roll No.: 12 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|-------------------------|----------------|
| Student's Name: EDDULA KOMAL SHRINIVAS | Mother's Name: JAYSHREE | Gender: Female |
|---|-------------------------|----------------|

| |
|---|
| Name in Vernacular Language: इदुला कोमल श्रीनिवास |
|---|

| |
|--|
| Address: SHANKAR NIWAS D H PATIL COLONY CHICHPADA AMBARNATH WEST |
|--|

| |
|--|
| City: AMBARNATH, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421505 |
|--|

| | | |
|----------------|-------------------------|---------------------------------|
| Telephone no.: | Mobile no: 917030563431 | Email : komaleddula11@gmail.com |
|----------------|-------------------------|---------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Jun 04, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550985 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

Payment Details:

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| 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: |

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

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M. Patil

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400843686 | Eligibility Status: Eligible | Examination form No.: 074284 | Division/Section: A | Roll No.: 48 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|------------------------|----------------|
| Student's Name: PATIL MOKSHADA HARESH | Mother's Name: HARSHDA | Gender: Female |
|--|------------------------|----------------|

Name in Vernacular Language: पाटील मोक्षदा हरीश

Address: 123/18 BANDYA BAPU CHAWL CHAFEGALI SION CHUNABHATTI SION CHUNABHATTI

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

| | | |
|----------------|-------------------------|------------------------------------|
| Telephone no.: | Mobile no: 919769615598 | Email : patilmokshada854@gmail.com |
|----------------|-------------------------|------------------------------------|

| | | |
|-------------------|--------------------------|-------------------------|
| DOB: May 13, 2000 | Category: Reserved (OBC) | Physically Handicap: No |
|-------------------|--------------------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551018 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

| | | |
|--------------------|--------|--|
| Mark Statement Fee | Total: | |
|--------------------|--------|--|

Payment Details:

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| Amount Received: | College Receipt No. and Date: |
|------------------|-------------------------------|

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| 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: |

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



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Aditi

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400843895 | Eligibility Status: Eligible | Examination form No.: 074285 | Division/Section: A | Roll No.: 31 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|------------------------|----------------|
| Student's Name: MANE ADITI RAVINDRA | Mother's Name: SUVARNA | Gender: Female |
|--|------------------------|----------------|

Name in Vernacular Language: माने अदिती रवींद्र

Address: BUILDING NO 19 ROOM NO 210 C G S COLONY GHATKOPAR WEST

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

Telephone no.: Mobile no: 918452809258 Email : maneaditi@gmail.com

DOB: May 09, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0551003 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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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Anita Gore

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400844032 | Eligibility Status: Eligible | Examination form No.: 074286 | Division/Section: A | Roll No.: 17 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|----------------------|----------------|
| Student's Name: GORE ANITA GANPAT | Mother's Name: LAXMI | Gender: Female |
|--|----------------------|----------------|

Name in Vernacular Language: गोरे अनिता गणपत

Address: room no-13, chawl no.31, shiv krupa soc. kamraj nager. ghatkopar east mumbai 400077

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

| | | |
|----------------|-------------------------|--|
| Telephone no.: | Mobile no: 918108701121 | Email : instituterajcomputer@gmail.com |
|----------------|-------------------------|--|

| | | |
|-------------------|----------------------------------|-------------------------|
| DOB: Feb 29, 2000 | Category: Reserved (NT-2 (NT-C)) | Physically Handicap: No |
|-------------------|----------------------------------|-------------------------|

| | | |
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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550989 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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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Morbha

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400844175 | Eligibility Status: Eligible | Examination form No.: 074287 | Division/Section: A | Roll No.: 37 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|-------------------------|----------------|
| Student's Name: MORBIA YAMINI SURESH | Mother's Name: RAJSHREE | Gender: Female |
|---|-------------------------|----------------|

Name in Vernacular Language: मोरबी यमिनी सुरेश

Address: 159, TAMBAKUWALA BLDG, 3RD FLOOR, ROOM NO.62(A) BHAWANI SHANKAR ROAD, DADAR (WEST)

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400028

| | | |
|----------------|-------------------------|----------------------------------|
| Telephone no.: | Mobile no: 919029751951 | Email : rajshreemorbha@gmail.com |
|----------------|-------------------------|----------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Apr 07, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551008 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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: | |
|--------------------|--------|--|

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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Pranali

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400844191 | Eligibility Status: Eligible | Examination form No.: 074288 | Division/Section: A | Roll No.: 04 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|-------------------------|----------------|
| Student's Name: BHALEKAR PRANALI VASANT | Mother's Name: VAISHALI | Gender: Female |
|--|-------------------------|----------------|

Name in Vernacular Language: भालेकर प्रणाली वसंत

Address: MRUTUNJAY HSG SOCIETY NEW KATODI PADA GOLIBAR ROAD

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

Telephone no.: Mobile no: 919702232083 Email : padyindia@gmail.com

DOB: Oct 02, 1999 Category: Reserved (NT-1 (NT-B)) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0550979 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016400844651 | Eligibility Status: Provisional | Examination form No.: 074289 | Division/Section: A | Roll No.: 64 | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|--|

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|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
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Student's Personal Information

| | | |
|--|---------------------|--------------|
| Student's Name: SONI CHINTAN HITESH | Mother's Name: DINA | Gender: Male |
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| |
|---|
| Name in Vernacular Language: CHINTAN H SONI |
|---|

| |
|---|
| Address: HITESH AGENCY DIVYAMANI COMPLEX THOBH STREET |
|---|

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|--|
| City: BHUJ, Taluka: Bhuj, District: Kachchh, State: Gujarat, PIN: 370001 |
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| | | |
|-----------------------|-------------------------|----------------------------------|
| Telephone no.: 252393 | Mobile no: 919925419662 | Email : chintansoni229@gmail.com |
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|-------------------|----------------|-------------------------|
| DOB: Jan 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: 0551033 (Status: ATKT) |
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| Exam form appearance type: Fresher |
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| Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) |
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| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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| Mark Statement Fee | Total: | | |
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| Payment Details: | Amount Received: | College Receipt No. and Date: |
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| DD No: | MICR No: | DD Date: | Bank: |
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| Center Preference (Code/Name): |
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| Venue Preference (Code/Name): |
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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2017016400844701 | Eligibility Status: Eligible | Examination form No.: 074290 | Division/Section: A | Roll No.: 24 |
| Instruction Medium: | | | Nationality: India | |

Student's Personal Information

| | | |
|---|-------------------------|-------------------------------------|
| Student's Name: KADANE RUCHITA YASHWANT | Mother's Name: SHRADDHA | Gender: Female |
| Name in Vernacular Language: ऋचिता यशवंत कडणे | | |
| Address: Hirabaug, Kamawadi, Behind R.K. Studio Chembur, Mumbai | | |
| City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400088 | | |
| Telephone no.: | Mobile no: 918108974441 | Email : ruchitakadane1999@gmail.com |
| DOB: Oct 15, 1999 | Category: Open | Physically Handicap: No |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550997 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2017016400846023 | Eligibility Status: Eligible | Examination form No.: 074291 | Division/Section: A | Roll No.: 45 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

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|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|-----------------------|--------------|
| Student's Name: PATEL SUMIT RAMESH | Mother's Name: URMILA | Gender: Male |
|---|-----------------------|--------------|

Name in Vernacular Language: सुमित

Address: SAKPAL CHAWL , DATTATRAYA NAGAR, JAGADUSHA NAGAR ,

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

Telephone no.: Mobile no: 919870291102 Email : adarshpatel750@gmail.com

DOB: Dec 14, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0551015 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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.

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



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|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400846054 | Eligibility Status: Eligible | Examination form No.: 074292 | Division/Section: A | Roll No.: 40 |
| Instruction Medium: | | | Nationality: India | |

Student's Personal Information

| | | |
|---|-------------------------|-----------------------------------|
| Student's Name: DEEPA SANJAY NANAVARE | Mother's Name: RESHMA | Gender: Female |
| Name in Vernacular Language: मराठी | | |
| Address: Sanjay nanavare room no, 2 G. B. Road near West, Thane Sanjay nanavare room no, 2 G. B. Road, near water tank thane Dogaripada thane | | |
| City: Thane , Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400615 | | |
| Telephone no.: 9819613604 | Mobile no: 918652470503 | Email : deepenanavare28@gmail.com |
| DOB: Feb 28, 2000 | Category: Reserved (SC) | Physically Handicap: No |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551011 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2017016400846785 | Eligibility Status: Provisional | Examination form No.: 074293 | 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: NANGARE SIDDHI RAJAN | Mother's Name: RAJASHREE | Gender: Female |
|---|--------------------------|----------------|

Name in Vernacular Language: नांगरे सिद्धी राजन

Address: 1/4 PEDEKAR MANZIL, SARVODYA BHANDUP(W), MUMBAI

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

| | | |
|----------------|-------------------------|---|
| Telephone no.: | Mobile no: 918652662351 | Email : siddhinangare14121999@gamil.com |
|----------------|-------------------------|---|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Dec 14, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551012 (Status: Pass) |
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Exam form appearance type: Fresher

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

Payment Details: Amount Received: College Receipt No. and 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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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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.

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



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|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016400847057 | Eligibility Status: Eligible | Examination form No.: 074294 | Division/Section: A | Roll No.: 23 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

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| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|---------------------|--------------|
| Student's Name: JAIN JAYAN RAJESH | Mother's Name: USHA | Gender: Male |
|--|---------------------|--------------|

Name in Vernacular Language: जयन

Address: 405 ,Shiv Srushti, Ashok Kedare Chowk, Bhandup-West.

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

| | | |
|----------------|-------------------------|--------------------------------|
| Telephone no.: | Mobile no: 919892716154 | Email : jayan.jain54@gmail.com |
|----------------|-------------------------|--------------------------------|

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

| | | |
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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550995 (Status: Pass) |
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Exam form appearance type: Fresher

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

| | | | | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400847282 | Eligibility Status: Provisional | Examination form No.: 074295 | Division/Section: A | Roll No.: 58 |
| Instruction Medium: | | | Nationality: India | |

Student's Personal Information

| | | |
|---|-------------------------|---------------------------------|
| Student's Name: SHAH DHRUVISHA KETANBHAI | Mother's Name: ASHABEN | Gender: Female |
| Name in Vernacular Language: शाह ध्रुविशा केतनभाई | | |
| Address: ROOM NO 4, SECOND FLOOR, DRAUPATI NIWAS SANGITAWADI NERURKAR ROAD, DOMBIVLI EAST | | |
| City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201 | | |
| Telephone no.: | Mobile no: 918655334040 | Email : Dhruvishas16@gmail.com |
| DOB: Jul 16, 2000 | Category: Open | Physically Handicap: No |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551027 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

| | |
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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B. & I.)-Sem VI [2C00346]

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Niyati

| | | | | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400847444 | Eligibility Status: Provisional | Examination form No.: 074296 | Division/Section: A | Roll No.: 59 |
|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|----------------------|----------------|
| Student's Name: SHAH NIYATI AMIT | Mother's Name: JYOTI | Gender: Female |
|---|----------------------|----------------|

| |
|--|
| Name in Vernacular Language: श्रीया |
|--|

| |
|---|
| Address: 402-SAMRIDHI GANESHGAVDE ROAD BEHIND VIJAYA BANK |
|---|

| |
|--|
| City: MULUND, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080 |
|--|

| | | |
|----------------|-------------------------|------------------------------|
| Telephone no.: | Mobile no: 918487845165 | Email : sniyati199@gmail.com |
|----------------|-------------------------|------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Mar 08, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551029 (Status: Pass) |
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| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

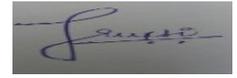
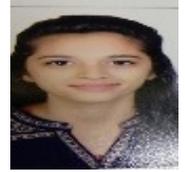
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B. & I.)-Sem VI [2C00346]

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| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|----------------|
| PRN: 2017016400847452 | Eligibility Status: Eligible | Examination form No.: 074297 | Division/Section: A | Roll No.: 8 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|------------------------|----------------|
| Student's Name: CHOTALIYA TRUPTI CHANDRAKANT JYOTSNA | Mother's Name: JYOTSNA | Gender: Female |
|---|------------------------|----------------|

| |
|--|
| Name in Vernacular Language: चोटलिया त्रुपती चंद्रकांत ज्योत्सना |
|--|

| |
|--|
| Address: 144, 1/3, PANCHSEEL CHS NEAR MUKATI DHAM BHIMWADI DR.R.P.RD MULUND WEST |
|--|

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

| | | |
|----------------|-------------------------|--------------------------------------|
| Telephone no.: | Mobile no: 919004356569 | Email : Truptichotaliya215@gmail.com |
|----------------|-------------------------|--------------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Jun 24, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550983 (Status: Pass) |
|--|----------------------|---------------------------------|

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|------------------------------------|
| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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:

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

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|--|--------------------------|
| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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| | | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016400848447 | Eligibility Status: Eligible | Examination form No.: 074298 | Division/Section: A | Roll No.: 50 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|------------------------|----------------|
| Student's Name: PENDSE AKSHATA RAM | Mother's Name: BHAVANA | Gender: Female |
|---|------------------------|----------------|

| |
|-------------------------------------|
| Name in Vernacular Language: अक्षता |
|-------------------------------------|

| |
|--|
| Address: ROOM NO 9,BHAVE COMPOND ,KALE MARG,VISVESHVAR MANDIR ,OLD KURLA WEST ROOM NO 9,BHAVE COMPOND ,KALE MARG,VISVESHVAR MANDIR ,OLD KURLA WEST |
|--|

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

| | | |
|----------------|-------------------------|----------------------------------|
| Telephone no.: | Mobile no: 919920839877 | Email : akshatarpendse@gmail.com |
|----------------|-------------------------|----------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Sep 27, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551020 (Status: Pass) |
|--|----------------------|---------------------------------|

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| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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| Payment Details: | Amount Received: | College Receipt No. and Date: |
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| Center Preference (Code/Name): |
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| Venue Preference (Code/Name): |
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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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Akash

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400848706 | Eligibility Status: Eligible | Examination form No.: 074299 | Division/Section: A | Roll No.: 01 |
| Instruction Medium: | | | Nationality: India | |

| | | |
|--|-------------------------|---------------------------------|
| Student's Personal Information | | |
| Student's Name: AKASH KAMLESH AJMERA | Mother's Name: NEELAM | Gender: Male |
| Name in Vernacular Language: आकाश | | |
| Address: 34 Baburao patil niwas gandhinagar dombivli east | | |
| City: dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201 | | |
| Telephone no.: | Mobile no: 917715950128 | Email : aajmera72@gmail.com |
| DOB: Sep 24, 1999 | Category: Open | Physically Handicap: No |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550977 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

Venue Preference (Code/Name):

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

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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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Riya K

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400848714 | Eligibility Status: Eligible | Examination form No.: 074300 | Division/Section: A | Roll No.: 26 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|----------------------|----------------|
| Student's Name: KATARMAL RIYA KANTILAL | Mother's Name: SAKRI | Gender: Female |
|---|----------------------|----------------|

| |
|---|
| Name in Vernacular Language: Katarmal Riya Kantilal |
|---|

| |
|--|
| Address: Room no 4, F chawl, Shivaji Nagar Asalpha JM road Ghatkopar -(west) |
|--|

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

| | | |
|----------------|-------------------------|-------------------------------------|
| Telephone no.: | Mobile no: 917506021623 | Email : sakrikatarmal1234@gmail.cim |
|----------------|-------------------------|-------------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| 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: 0550999 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

| | | |
|--------------------|--------|--|
| Mark Statement Fee | Total: | |
|--------------------|--------|--|

Payment Details:

| | |
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| Amount Received: | College Receipt No. and Date: |
|------------------|-------------------------------|

| | | | |
|--------|----------|----------|-------|
| DD No: | MICR No: | DD Date: | Bank: |
|--------|----------|----------|-------|

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|--------------------------------|
| Center Preference (Code/Name): |
|--------------------------------|

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| Venue Preference (Code/Name): |
|-------------------------------|

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|--|-----------------------------------|
| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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Handwritten signature

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400848881 | Eligibility Status: Eligible | Examination form No.: 074301 | Division/Section: A | Roll No.: 67 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|------------------------|----------------|
| Student's Name: VRUSHALI SURESH UMBARKAR | Mother's Name: SUCHITA | Gender: Female |
|---|------------------------|----------------|

Name in Vernacular Language: वृषाली सुरेश उंबरकर

Address: Room no MMD,65 6/8 arvind Patil wadi khardev Nagar ghatla near ckhs school chembur Mumbai -400071 Room no MMD,65 6/8 arvind Patil wadi khardev Nagar ghatla near ckhs school chembur Mumbai -400071 Room no MMD,65 6/8 arvind Patil wadi khardev Nagar ghatla near ckhs school chembur Mumbai -400071

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

| | | |
|----------------|-------------------------|-------------------------------------|
| Telephone no.: | Mobile no: 919967266061 | Email : vrushaliumbarkar3@gmail.com |
|----------------|-------------------------|-------------------------------------|

| | | |
|-------------------|--------------------------|-------------------------|
| DOB: Nov 06, 1998 | Category: Reserved (OBC) | Physically Handicap: No |
|-------------------|--------------------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551035 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B. & I.)-Sem VI [2C00346]

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| | | | | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400850817 | Eligibility Status: Provisional | Examination form No.: 074302 | Division/Section: A | Roll No.: 15 |
|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|---------------------------|--------------|
| Student's Name: VASHISHTH PRAMOD GIRI | Mother's Name: DEEPA GIRI | Gender: Male |
|--|---------------------------|--------------|

Name in Vernacular Language: वशिष्ठ प्रमोद गिरी

Address: c-303 woodland heights chandivali chandivali farm road opp magnetape studio near nahars amrit shakti

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

Telephone no.: Mobile no: 919665125997 Email : vashishth.giri24@gmail.com

DOB: Feb 17, 1999 Category: Reserved (NT-1 (NT-B)) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 910026 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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.

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| | | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016400850906 | Eligibility Status: Eligible | Examination form No.: 074303 | Division/Section: A | Roll No.: 28 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|-----------------------|--------------|
| Student's Name: KHAN SOHEB MALAY | Mother's Name: AASHMA | Gender: Male |
|---|-----------------------|--------------|

| |
|--|
| Name in Vernacular Language: खान सोहेब MALAY |
|--|

| |
|--|
| Address: 404, BUILDING NO.1, DHARAMVEER NAGAR VASANT VIHAR |
|--|

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

| | | |
|----------------|-------------------------|----------------------------------|
| Telephone no.: | Mobile no: 918108693228 | Email : sohebkhan78632@gmail.com |
|----------------|-------------------------|----------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Dec 22, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551001 (Status: Pass) |
|--|----------------------|---------------------------------|

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| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

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(Handwritten Signature)

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400851001 | Eligibility Status: Eligible | Examination form No.: 074304 | Division/Section: A | Roll No.: 44 |
| Instruction Medium: | | | Nationality: India | |

Student's Personal Information

| | | |
|--|-----------------------------|---------------------------------|
| Student's Name: PATEL AKSHIBEN KANTILAL | Mother's Name: CHANDRIKABEN | Gender: Female |
| Name in Vernacular Language: पटेल अक्षीबेन कांतीलाल | | |
| Address: Mansarovar Society, Room 12A, Bldg No. 18, Navare Nagar, Ambarnath East | | |
| City: Ambarnath, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421501 | | |
| Telephone no.: | Mobile no: 917038228376 | Email : kantipatel678@gmail.com |
| DOB: Feb 23, 2000 | Category: Open | Physically Handicap: No |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551014 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400851361 | Eligibility Status: Eligible | Examination form No.: 074305 | Division/Section: A | Roll No.: 46 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|---------------------|----------------|
| Student's Name: PATHAK MANSI SHAILESH | Mother's Name: ALKA | Gender: Female |
|--|---------------------|----------------|

Name in Vernacular Language: पाठक मानसी शैलेश

Address: JANTA PRAGATI SANGH, RAJAWADI, GHATKOPAR (E)

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

| | | |
|----------------|-------------------------|----------------------------------|
| Telephone no.: | Mobile no: 919004286207 | Email : pathakmansi199@gmail.com |
|----------------|-------------------------|----------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Sep 29, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551016 (Status: Pass) |
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Exam form appearance type: Fresher

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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| Convocation Fee | Exam Form Late Fee | Exam Form Super Late Fee | Examination Fees |
| 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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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400851442 | Eligibility Status: Eligible | Examination form No.: 074306 | Division/Section: A | Roll No.: 42 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|-------------------------|----------------|
| Student's Name: PADHY PRIYA RAMKRISHNA | Mother's Name: RANJEETA | Gender: Female |
|---|-------------------------|----------------|

| |
|------------------------------------|
| Name in Vernacular Language: PRIYA |
|------------------------------------|

| |
|---|
| Address: 4/1 Waghmare chl, Ashtavinayak path Tagore nagar 4 Vikhroli East |
|---|

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

| | | |
|----------------|-------------------------|-------------------------------|
| Telephone no.: | Mobile no: 918879425525 | Email : padhypriya1@gmail.com |
|----------------|-------------------------|-------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Aug 24, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551013 (Status: Pass) |
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| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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| Mark Statement Fee | Total: |
|--------------------|--------|

Payment Details:

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

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|-------------------------------|
| Venue Preference (Code/Name): |
|-------------------------------|

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|--|-----------------------------------|
| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400852101 | Eligibility Status: Eligible | Examination form No.: 074307 | Division/Section: A | Roll No.: 10 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|-------------------------|----------------|
| Student's Name: DALVI VISHAKHA SANJAY | Mother's Name: JYOSTANA | Gender: Female |
|--|-------------------------|----------------|

Name in Vernacular Language: दळवी विशाखा संजय

Address: D/O SANJAY DALVI 4 SANTA KRUPA CHAWL RAMCHANDRA NAGAR NO. 1

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

| | | |
|----------------|-------------------------|-----------------------------------|
| Telephone no.: | Mobile no: 917045366857 | Email : vishakhadalvi27@gmail.com |
|----------------|-------------------------|-----------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Jan 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: 0550984 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

| | | | |
|--------------------|--------------------|--------------------------|------------------|
| Convocation Fee | Exam Form Late Fee | Exam Form Super Late Fee | Examination Fees |
| 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: |
|--------|----------|----------|-------|

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

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



University of Mumbai, Mumbai

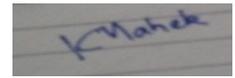
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400852124 | Eligibility Status: Eligible | Examination form No.: 074308 | Division/Section: A | Roll No.: 27 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|-----------------------|----------------|
| Student's Name: KHALFE MAHEK FATIMA HASRAT | Mother's Name: MEENAZ | Gender: Female |
|---|-----------------------|----------------|

| |
|---|
| Name in Vernacular Language: MAHEK FATIMA HASRAT KHALFE |
|---|

| |
|--|
| Address: 303. B- WING, MOON APARTMENT PIPE ROAD KURLA (WEST) |
|--|

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

| | | |
|-------------------------|-------------------------|-----------------------------------|
| Telephone no.: 66744542 | Mobile no: 918454027096 | Email : mahekkhalfe1304@gmail.com |
|-------------------------|-------------------------|-----------------------------------|

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|-------------------|----------------|-------------------------|
| DOB: Apr 13, 2000 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551000 (Status: Pass) |
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| Exam form appearance type: Fresher |
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| Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) |
|--|

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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| Mark Statement Fee | Total: | |
|--------------------|--------|--|

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

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

PRN:
2017016400852155

Eligibility Status:
Provisional

Examination form No.:
074309

Division/Section:
A

Roll No.:
65

Instruction Medium: _____ Nationality: India

Student's Personal Information

Student's Name: **THAKKER MANALI HEMANT** Mother's Name: SHILPA Gender: Female

Name in Vernacular Language: टक्कर मनाली हेमंत

Address: 53, KOTHARI ESTATE, GULSHAN GALI, B.P.ROAD, MULUND WEST

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

Telephone no.: _____ Mobile no: 918879356633 Email : _____

DOB: Jun 02, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 910025 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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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S. K. Somaiya College of Arts, Science and Commerce (540)

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SATRA

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400852221 | Eligibility Status: Eligible | Examination form No.: 074310 | Division/Section: A | Roll No.: 57 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|-------------------------|--------------|
| Student's Name: SATRA PALAK RAJESH | Mother's Name: PRAFULLA | Gender: Male |
|---|-------------------------|--------------|

Name in Vernacular Language: पालक

Address: 102 VAGAD APT JOSHIWADA THANE W

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

Telephone no.: Mobile no: 919699954764 Email : PALAKSATRA44@GMAIL.COM

DOB: Dec 02, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0551026 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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: 2017016400852283 | Eligibility Status: Eligible | Examination form No.: 074311 | Division/Section: A | Roll No.: 62 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|----------------------|----------------|
| Student's Name: SHUKLA KOMAL SURENDRA | Mother's Name: SUMAN | Gender: Female |
|--|----------------------|----------------|

Name in Vernacular Language: शुक्ल कोमल

Address: CHAWL NO.55 ,ROOM NO.510,RAMABAI COLONY V.N MARG GHATKOPAR EAST MUMABI 4000755

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

| | | |
|----------------|-------------------------|----------------------------------|
| Telephone no.: | Mobile no: 918652552515 | Email : singhrobin3653@gmail.com |
|----------------|-------------------------|----------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Jan 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: 910027 (Status: Pass) |
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Exam form appearance type: Fresher

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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|--------------------|--------------------|--------------------------|------------------|
| Convocation Fee | Exam Form Late Fee | Exam Form Super Late Fee | Examination Fees |
| 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: |
|--------|----------|----------|-------|

Center Preference (Code/Name):

Venue Preference (Code/Name):

| | |
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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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:
2017016400852302

Eligibility Status:
Eligible

Examination form No.:
074312

Division/Section:
A

Roll No.:
51

Instruction Medium: _____ Nationality: India

Student's Personal Information

Student's Name: **POLAI SANDEEP RANJAN** Mother's Name: SAIRINDRI Gender: Male

Name in Vernacular Language: संदीप

Address: yasho kutir, room no 5, 1st floor, near balaji nagar, thakurli east

City: MUMBAI, Taluka: DOMBIVLI, District: , State: Maharashtra, PIN: 421201

Telephone no.: _____ Mobile no: 917045390456 Email : sandeepolai3@gmail.com

DOB: Jun 10, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0551021 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

| | |
|---|--------------------------|
| <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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Jami

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016400852325 | Eligibility Status: Eligible | Examination form No.: 074313 | Division/Section: A | Roll No.: 47 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|----------------------|----------------|
| Student's Name: PATHAN SAMIN ZAMEERAHMED | Mother's Name: NAGMA | Gender: Female |
|---|----------------------|----------------|

| |
|---|
| Name in Vernacular Language: PATHAN SAMIN ZAMEERAHMED |
|---|

| |
|---|
| Address: A/ 110, OM SHREE GANESH CHS, OLD MUMBAI PUNE ROAD, OPP MANISHA NAGAR GATE NO. 1 KALWA (W) THANE 400605 |
|---|

| |
|--|
| City: Kalwa, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605 |
|--|

| | | |
|----------------|-------------------------|---------------------------------|
| Telephone no.: | Mobile no: 918879420522 | Email : saminpathan99@gmail.com |
|----------------|-------------------------|---------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Jul 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: 0551017 (Status: Pass) |
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| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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: | |
|--------------------|--------|--|

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

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

Venue Preference (Code/Name):

| | |
|--|--------------------------|
| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2017016401741713 | Eligibility Status: Eligible | Examination form No.: 074314 | Division/Section: A | Roll No.: 32 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|-----------------------|--------------|
| Student's Name: MANJREKAR DATTAPRASAD CHANDRASHEKHAR | Mother's Name: SUSHMA | Gender: Male |
|---|-----------------------|--------------|

| |
|---|
| Name in Vernacular Language: मंजरेकर दत्तप्रसाद चंद्रशेखर |
|---|

| |
|---|
| Address: H NO 287 AP PO SHIRODA KHASBAGWADI |
|---|

| |
|--|
| City: SHIRODA, Taluka: Vengurle, District: Sindhudurg, State: Maharashtra, PIN: 416518 |
|--|

| | | |
|----------------|-------------------------|------------------------------------|
| Telephone no.: | Mobile no: 919112161132 | Email : DATTAMANJREKAR34@GMAIL.COM |
|----------------|-------------------------|------------------------------------|

| | | |
|-------------------|--------------------------|-------------------------|
| DOB: Dec 26, 1998 | Category: Reserved (OBC) | Physically Handicap: No |
|-------------------|--------------------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551004 (Status: Pass) |
|--|----------------------|---------------------------------|

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| Exam form appearance type: Fresher |
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| Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) |
|--|

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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): |
|--------------------------------|

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| Venue Preference (Code/Name): |
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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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Sahil

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016401795254 | Eligibility Status: Eligible | Examination form No.: 074315 | Division/Section: A | Roll No.: 53 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|-------------------------|--------------|
| Student's Name: RAI SAHIL LALLUBABU | Mother's Name: SHARMILA | Gender: Male |
|--|-------------------------|--------------|

| |
|--|
| Name in Vernacular Language: साहिल राय |
|--|

| |
|---|
| Address: NIKUNJ CHS WING D FLAT NO. 1 SECTOR 4 KHARGHAR |
|---|

| |
|---|
| City: NAVI MUMBAI , Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410210 |
|---|

| | | |
|----------------|-------------------------|-------------------------------|
| Telephone no.: | Mobile no: 919619723955 | Email : sahilrai459@gmail.com |
|----------------|-------------------------|-------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Apr 02, 2000 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551023 (Status: Pass) |
|--|----------------------|---------------------------------|

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| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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| Mark Statement Fee | Total: |
|--------------------|--------|

Payment Details:

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| Amount Received: | College Receipt No. and Date: |
|------------------|-------------------------------|

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| DD No: | MICR No: | DD Date: | Bank: |
|--------|----------|----------|-------|

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|--------------------------------|
| Center Preference (Code/Name): |
|--------------------------------|

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|-------------------------------|
| Venue Preference (Code/Name): |
|-------------------------------|

| | |
|--|--------------------------|
| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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Gambhir

| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016401795312 | Eligibility Status: Eligible | Examination form No.: 074316 | Division/Section: A | Roll No.: 13 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|-----------------------|----------------|
| Student's Name: GAMBHIR GAURAVI DADASO | Mother's Name: SUNITA | Gender: Female |
|---|-----------------------|----------------|

Name in Vernacular Language: गंभीर गौरवी दादासो

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

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

| | | |
|----------------|-------------------------|------------------------------------|
| Telephone no.: | Mobile no: 919833020146 | Email : gauravigambhir30@gmail.com |
|----------------|-------------------------|------------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Dec 30, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550986 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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| | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|
| PRN: 2017016401795327 | Eligibility Status: Eligible | Examination form No.: 074317 | Division/Section: A | Roll No.: 70 |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|--------------------------|----------------|
| Student's Name: ZALA HEMALI JAGDISH | Mother's Name: VANITABEN | Gender: Female |
|--|--------------------------|----------------|

Name in Vernacular Language: ज्ञान हेमाली जगदीश

Address: JAY MAHARASHTRA NAGAR PANTNAGAR GHATKOPAR EAST

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

| | | |
|----------------|-------------------------|---------------------------------|
| Telephone no.: | Mobile no: 919029861652 | Email : hemalizala008@gmail.com |
|----------------|-------------------------|---------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Sep 07, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551038 (Status: Pass) |
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Exam form appearance type: Fresher

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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| Convocation Fee | Exam Form Late Fee | Exam Form Super Late Fee | Examination Fees |
| 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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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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| | | | | | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|----------------|--|
| PRN: 2017016401795374 | Eligibility Status: Provisional | Examination form No.: 074318 | Division/Section: A | Roll No.: 6 | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
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Student's Personal Information

| | | |
|---|------------------------|----------------|
| Student's Name: BHUNJE SIDDHI ABHAYKUMAR | Mother's Name: ARCHANA | Gender: Female |
|---|------------------------|----------------|

| |
|--|
| Name in Vernacular Language: भुंजे सिद्धी अभयकुमार |
|--|

| |
|--|
| Address: D1/5, CHITTRANJAN NAGAR RIDDHI SIDDHI CHS, RAJAWADI VIDYAVIHAR EAST |
|--|

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

| | | |
|----------------|-------------------------|--------------------------------|
| Telephone no.: | Mobile no: 919820775160 | Email : siddhibhunje@gmail.com |
|----------------|-------------------------|--------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Feb 19, 2000 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

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| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550981 (Status: Pass) |
|--|----------------------|---------------------------------|

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| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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): |
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| Venue Preference (Code/Name): |
|-------------------------------|

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|--|-----------------------------------|
| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B. & I.)-Sem VI [2C00346]

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| | | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016401795447 | Eligibility Status: Eligible | Examination form No.: 074319 | Division/Section: A | Roll No.: 66 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|------------------------------------|----------------------|--------------|
| Student's Name: ANSHUL ANIL THAKUR | Mother's Name: SIMMY | Gender: Male |
|------------------------------------|----------------------|--------------|

| |
|---|
| Name in Vernacular Language: अंशुल अनिल ठाकुर |
|---|

| |
|---|
| Address: LOKMANYA NAGAR PADA NO.3 BHAIKAVANTH APT.NEAR BUS STOP |
|---|

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

| | | |
|----------------|-------------------------|------------------------------------|
| Telephone no.: | Mobile no: 918424813317 | Email : ANSHULTHAKUR1786@GMAIL.COM |
|----------------|-------------------------|------------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Jan 15, 1998 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551034 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

| | | | |
|--------------------|--------------------|--------------------------|------------------|
| Convocation Fee | Exam Form Late Fee | Exam Form Super Late Fee | Examination Fees |
| 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: |
|--------|----------|----------|-------|

| |
|--------------------------------|
| Center Preference (Code/Name): |
|--------------------------------|

| |
|-------------------------------|
| Venue Preference (Code/Name): |
|-------------------------------|

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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| | | | | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|----------------|
| PRN: 2017016402306972 | Eligibility Status: Provisional | Examination form No.: 074320 | Division/Section: A | Roll No.: 7 |
|--------------------------|------------------------------------|-------------------------------------|------------------------|----------------|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|------------------------|--------------|
| Student's Name: CHANDAN PUNITH ANAND | Mother's Name: SUKANYA | Gender: Male |
|---|------------------------|--------------|

| |
|---|
| Name in Vernacular Language: chandan punith anand |
|---|

| |
|---|
| Address: Kanchanganga 2/10 kopri colony Thane (E) |
|---|

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

| | | |
|----------------|-------------------------|---------------------------------------|
| Telephone no.: | Mobile no: 917045075692 | Email : prajwalchandan24.pc@gmail.com |
|----------------|-------------------------|---------------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Dec 02, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550982 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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: | |
|--------------------|--------|--|

Payment Details:

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| Amount Received: | College Receipt No. and Date: |
|------------------|-------------------------------|

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

Declaration by Principal/HOD/Chairperson

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

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



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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B. & I.)-Sem VI [2C00346]

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| | | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016402525991 | Eligibility Status: Eligible | Examination form No.: 074321 | Division/Section: A | Roll No.: 18 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|------------------------|----------------|
| Student's Name: GORI PALAK VERSHI | Mother's Name: MANIBEN | Gender: Female |
|--|------------------------|----------------|

Name in Vernacular Language: गौरी पलक वेशी

Address: Room no - 2, Aminabai Chawl No 4, Kaju Wadi, Ghatkoper West

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

| | | |
|----------------|-------------------------|-------------------------------------|
| Telephone no.: | Mobile no: 917208435620 | Email : bhanushalipalak03@gmail.com |
|----------------|-------------------------|-------------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Aug 03, 2000 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0550990 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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:

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| Amount Received: | College Receipt No. and Date: |
|------------------|-------------------------------|

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| DD No: | MICR No: | DD Date: | Bank: |
|--------|----------|----------|-------|

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

| |
|--------------------------|
| Place: Vidyavihar |
| Date: |
| Student's Signature |

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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| | | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016402526007 | Eligibility Status: Eligible | Examination form No.: 074322 | Division/Section: A | Roll No.: 54 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|-----------------------|----------------|
| Student's Name: SABAT LEEZA VIJAY | Mother's Name: BANITA | Gender: Female |
|--|-----------------------|----------------|

| |
|--|
| Name in Vernacular Language: सबत लीजा विजय |
|--|

| |
|---|
| Address: A-11,ASHOK CHAWL,L.B.S. NAGAR, 90 FEET ROAD SAKINAKA(EAST) |
|---|

| |
|--|
| City: SAKINAKA, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072 |
|--|

| | | |
|----------------|-------------------------|--------------------------------------|
| Telephone no.: | Mobile no: 918097211331 | Email : pratikpathare18610@gmail.com |
|----------------|-------------------------|--------------------------------------|

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

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551024 (Status: Pass) |
|--|----------------------|---------------------------------|

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|------------------------------------|
| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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): |
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| Venue Preference (Code/Name): |
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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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| | | | | | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016402526015 | Eligibility Status: Eligible | Examination form No.: 074323 | Division/Section: A | Roll No.: 52 | |
|--------------------------|---------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|----------------------|--------------|
| Student's Name: PUNMIYA KAVISH BHARAT | Mother's Name: SAROJ | Gender: Male |
|--|----------------------|--------------|

| |
|---|
| Name in Vernacular Language: पुनमिया कविश भरत |
|---|

| |
|--|
| Address: Room no. 407 4th floor Akash chamber Tembhinaka |
|--|

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

| | | |
|----------------|-------------------------|-----------------------------------|
| Telephone no.: | Mobile no: 919967882000 | Email : punmiyakavish88@gmail.com |
|----------------|-------------------------|-----------------------------------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Oct 29, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|---------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 0551022 (Status: Pass) |
|--|----------------------|---------------------------------|

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| Exam form appearance type: Fresher |
|------------------------------------|

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

| SN | Paper Code | Paper Name | AM - AT |
|----|------------|---------------------------------------|----------------------|
| 1 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

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| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016403361713 | Eligibility Status: Provisional | Examination form No.: 074324 | Division/Section: A | Roll No.: 11 | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|---------------------|----------------|
| Student's Name: DHIWAR MARINA MANOJ | Mother's Name: MARY | Gender: Female |
|--|---------------------|----------------|

Name in Vernacular Language: धीवर मरीना मनोज

Address: C/16, SHAH COLONY, NEAR JASMINE STORE, INDRA NAGAR, KANJUR EAST, MUMBAI

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

| | | |
|----------------|-------------------------|---------|
| Telephone no.: | Mobile no: 917506179177 | Email : |
|----------------|-------------------------|---------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: May 08, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|--------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 910236 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B. & I.)-Sem VI [2C00346]

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| | | | | | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|----------------|--|
| PRN: 2017016403361721 | Eligibility Status: Provisional | Examination form No.: 074325 | Division/Section: A | Roll No.: 2 | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|--|-----------------------|----------------|
| Student's Name: AMBRE TEJASVI SUNIL | Mother's Name: SNEHAL | Gender: Female |
|--|-----------------------|----------------|

| |
|---|
| Name in Vernacular Language: आंब्रे तेजस्वी सुनील |
|---|

| |
|--|
| Address: 2/11, KALAWATI NIWAS, SAMARTH NAGAR, BHANDUP WEST, MUMBAI |
|--|

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

| | | |
|----------------|-------------------------|---------|
| Telephone no.: | Mobile no: 919987587048 | Email : |
|----------------|-------------------------|---------|

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

| | | |
|--|----------------------|--------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 910232 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | Pw-UA [] ;Pw-CA [] |

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

| | | | |
|--------------------|--------|--|--|
| Mark Statement Fee | Total: | | |
|--------------------|--------|--|--|

Payment Details:

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| Amount Received: | College Receipt No. and Date: |
|------------------|-------------------------------|

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

| |
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| Venue Preference (Code/Name): |
|-------------------------------|

| | |
|--|--------------------------|
| To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand 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. (B. and I.)(with Credits)-Regular-Rev16-T.Y. B.Com. (B.& I.)-Sem VI [2C00346]

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| | | | | | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|--|
| PRN: 2017016403361736 | Eligibility Status: Provisional | Examination form No.: 074326 | Division/Section: A | Roll No.: 29 | |
|--------------------------|------------------------------------|-------------------------------------|------------------------|-----------------|--|

| | |
|---------------------|--------------------|
| Instruction Medium: | Nationality: India |
|---------------------|--------------------|

Student's Personal Information

| | | |
|---|----------------------|----------------|
| Student's Name: KHANVILKAR DEVYANI PRAKASH | Mother's Name: AARTI | Gender: Female |
|---|----------------------|----------------|

Name in Vernacular Language: खानविलकर देवयानी प्रकाश

Address: 10, ASHWINI SOCIETY, NEAR GAONDEVI TEMPLE, GAONDEVI ROAD, KALWA WEST, THANE

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

| | | |
|----------------|-------------------------|---------|
| Telephone no.: | Mobile no: 917039439889 | Email : |
|----------------|-------------------------|---------|

| | | |
|-------------------|----------------|-------------------------|
| DOB: Jun 08, 1999 | Category: Open | Physically Handicap: No |
|-------------------|----------------|-------------------------|

| | | |
|--|----------------------|--------------------------------|
| Previous Latest Examination Details: Sem IV(Regular-Rev16) | Exam Event: Apr-2019 | Seat No: 910237 (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 | 85501 | Central Banking | Th-UA [] ;Th-CA [] |
| 2 | 85503 | Auditing II | Th-UA [] ;Th-CA [] |
| 3 | 85504 | Human Resource Management | Th-UA [] ;Th-CA [] |
| 4 | 85505 | Turnaround Management | Th-UA [] ;Th-CA [] |
| 5 | 85506 | International Business | Th-UA [] ;Th-CA [] |
| 6 | UBIFSVI.8 | Project Work In Banking and Insurance | 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: | | |