



# 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. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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*Saniya*

PRN: 2015016401993441	Eligibility Status: Eligible	Examination form No.: 080658 	Division/Section: A	Roll No.: 42
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAYYAD SHANNO SULTAN</b>	Mother's Name: BILKISH	Gender: Female
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Name in Vernacular Language: सय्यद शन्नो सुलतान

Address: PLOT NO.06/B/5, ROAD NO.08 BAIGANWADI GOVANDI, SHIVAJI NAGAR, MUMBAI-400043

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

Telephone no.: Mobile no: 917506761976 Email : saniyasayyad52@gmail.com

DOB: Jan 20, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: F.Y.B.Com. (F.M.) Sem - I(Regular-C7525) Exam Event: Mar-2016 Seat No: 2015016401993441 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

Mark Statement Fee Total:

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

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

Place: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2015016401993464	Eligibility Status: Eligible	Examination form No.: 080659 	Division/Section: A	Roll No.: 62	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MARU MAITRI YOGESH</b>	Mother's Name: DEEPA	Gender: Female
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Name in Vernacular Language: मारू मैत्री योगेश

Address: 19/4 NILKANTH ASHISH CHS, NEAR MADHUBAN POOJA TALKIES URESEKAR WADI

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

Telephone no.: 2861062	Mobile no: 918879086385	Email : marumaitri99@gmail.com
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DOB: Oct 25, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: F.Y.B.Com. (F.M.) Sem - I(Regular-C7525)	Exam Event: Mar-2016	Seat No: 2015016401993464 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

### Payment Details:

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400362651	Eligibility Status: Eligible	Examination form No.: 080660 	Division/Section: A	Roll No.: 14
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DEDHIA PUNYATA JAYESH</b>	Mother's Name: KALPANA	Gender: Female
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Name in Vernacular Language: देधिअ पुण्यता जयेश

Address: 14, VINCENT HOUSE DR.AMBEDKAR ROAD KHAR WEST

City: MUMBAI, Taluka: Andheri, District: Mumbai Suburban, State: Maharashtra, PIN: 400052

Telephone no.: 26483901	Mobile no: 919029656858	Email : PUNYATA77@GMAIL.COM
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DOB: Jul 18, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590608 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

### Payment Details:

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400839077	Eligibility Status: Eligible	Examination form No.: 080661 	Division/Section: A	Roll No.: 20
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>AVI BHUPENDRA JAIN</b>	Mother's Name: SEEMA	Gender: Male
Name in Vernacular Language:avi		
Address: 2002, Silver Heights Tambe Nagar, S.N. Road		
City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080		
Telephone no.: 256744462	Mobile no: 919833406424	Email : avibjain@gmail.com
DOB: May 08, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590615 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

**Declaration by Principal/HOD/Chairperson**

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



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Maitri

PRN: 2017016400839201	Eligibility Status: Eligible	Examination form No.: 080662 	Division/Section: A	Roll No.: 30
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NAGDA MAITRI JITESH</b>	Mother's Name: PRAVINA	Gender: Female
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Name in Vernacular Language: नागडा मैत्री जितेश

Address: BLDG NO 296 ROOM NO 3 PANTNAGAR GHATKOPAR EAST

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

Telephone no.:	Mobile no: 919920429653	Email : maitrinagda99@gmail.com
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DOB: Jun 19, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590626 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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**Payment Details:** Amount Received: College Receipt No. and Date:

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Lakhani*

PRN: 2017016400839224	Eligibility Status: Eligible	Examination form No.: 080663 	Division/Section: A	Roll No.: 26
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>LAKHANI NEETI NILESH</b>	Mother's Name: KINA	Gender: Female
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Name in Vernacular Language: नीलि निदेश लाखनी

Address: A/704, CREATIVE TOWER, OPPOSITE SANSKAR DHAM KALYAN WEST.

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

Telephone no.: 2327699	Mobile no: 918898611596	Email : neeti1999.nl@gmail.com
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DOB: Nov 09, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590622 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400839232	Eligibility Status: Provisional	Examination form No.: 080664 	Division/Section: A	Roll No.: 52	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SURVE AFEEFAH MOHD HANIF</b>	Mother's Name: RAHMAT	Gender: Female
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Name in Vernacular Language: सुर्वे अफीफाह मोहद हनीफ
--

Address: NOOR-E-JEHAN 2,D WING ROOM NO.303, 3RD FLOOR 927 THAKUR RAGHU RAJ SINGH MARGH
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070
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Telephone no.: 26542273	Mobile no: 919969106665	Email : AFEEFAHSURVE@GMAIL.COM
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DOB: Nov 25, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590648 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Student's Signature

<b>Declaration by Principal/HOD/Chairperson</b>
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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*[Handwritten Signature]*

PRN: 2017016400839294	Eligibility Status: Provisional	Examination form No.: 080665 	Division/Section: A	Roll No.: 22
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KATARIA DIVYA RAJESH</b>	Mother's Name: BHAMRI	Gender: Female
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Name in Vernacular Language: कटारिया दिव्या राजेश

Address: 45/1449, LITTLE ANGEL CHS. TAGORE NAGAR. VIKHROLI (EAST) KBC SYNTHETICS, SHOP No.33, FIRST FLOOR, VITHHALWADI, MUMBAI 400002

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

Telephone no.: 25740899	Mobile no: 918828081923	Email : divyankas29@gmail.com
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DOB: Aug 02, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590617 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

### Payment Details:

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

Venue Preference (Code/Name):

**To, The Controller of Examination,**

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

Place: **Vidyavihar**

Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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PRN: 2017016400839383	Eligibility Status: Eligible	Examination form No.: 080666 	Division/Section: A	Roll No.: 49
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>SHETH HARSH DHANSUKHLAL</b>	Mother's Name: LATA	Gender: Male
Name in Vernacular Language: शेठ हर्ष धनसुखलाल		
Address: ROOM NUMBER 28, LILA NIWAS, PLOT NUMBER 264-A, LAKHAMSHI NAPOO ROAD MATUNGA (C.R.)		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400019		
Telephone no.: 24163845	Mobile no: 919870797059	Email : harshsheth9472@gmail.com
DOB: Aug 11, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590644 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

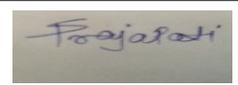
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PRN: 2017016400839522	Eligibility Status: Eligible	Examination form No.: 080667 	Division/Section: A	Roll No.: 38
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>PRAJAPATI SRUSHTI PIYUSH</b>	Mother's Name: JAGRUTI	Gender: Female
Name in Vernacular Language: प्रजापति सृष्टि पियुष		
Address: 2/8 ganesh apartment chitranjandas road ramnagar		
City: dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.: 2862103	Mobile no: 917021842338	Email : srushtip.sp@gmail.com
DOB: Nov 18, 1999	Category: Reserved (OBC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590634 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400839592	Eligibility Status: Eligible	Examination form No.: 080668 	Division/Section: A	Roll No.: 35	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: PAWAR SIDDHESH CHANDRAKANT	Mother's Name: ANITA	Gender: Male
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Name in Vernacular Language: पवार सिद्धेश चंद्रकांत

Address: Dabholkar chawl near surya rice mill

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

Telephone no.:	Mobile no: 919892673420	Email : PAWARSIDDHESH29@GMAIL.COM
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DOB: Jul 06, 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: 0590631 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

Venue Preference (Code/Name):

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

PRN: 2017016400839634	Eligibility Status: Eligible	Examination form No.: 080669 	Division/Section: A	Roll No.: 17
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GOYAL JASWANT JAYRAM</b>	Mother's Name: RACHANA	Gender: Male
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Name in Vernacular Language: गोंयल जसवंत जयराम

Address: hanuman mandir, thakkar bappa colony room no 345, street no 05, dwarka niwas sashtri nagar, chembur,

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

Telephone no.:	Mobile no: 919930755698	Email : jaswantgoyal090@gmail.com
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DOB: Aug 07, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590612 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Rounak*

PRN: 2017016400840212	Eligibility Status: Eligible	Examination form No.: 080670 	Division/Section: A	Roll No.: 40
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RATHOD ROUNAK JAYESH</b>	Mother's Name: SANGEETA	Gender: Male
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Name in Vernacular Language: रौनक

Address: JAYESH P RATHOD DREAMS COMPLEX, BLDG NO.1, C WING LBS MARG, BHANDUP WEST

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

Telephone no.: 21660367	Mobile no: 918108113363	Email : rounakrathod8108@gmail.com
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DOB: Aug 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590636 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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*Aqeel*

PRN: 2017016400841037	Eligibility Status: Eligible	Examination form No.: 080671 	Division/Section: A	Roll No.: 23
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>KHANBANDE MOHAMMAD AQEEL KAMIL</b>	Mother's Name: AMINA	Gender: Male

Name in Vernacular Language: खांबांदे मोहम्मद अकील कामिल

Address: ROOM NO 281, DR.KHANBANDE BLDG, 2ND FLOOR, OLD STATION ROAD, NEAR JUMA MASHJID KALWA- THANE

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

Telephone no.: Mobile no: 919930304168 Email : khanbandeaqeel0@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0590618 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

**Declaration by Principal/HOD/Chairperson**

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

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



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PRN: 2017016400841157	Eligibility Status: Eligible	Examination form No.: 080672 	Division/Section: A	Roll No.: 57	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VASANT MAANAV VIPUL</b>	Mother's Name: SHWETAL	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: वसंत मानव विपुल

Address: THE ORCHARD RESIDENCY, "CEDAR" TOWER 5, FLAT 503 LBS MARG, GHATKOPAR (WEST)

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

Telephone no.: 25182312	Mobile no: 919820802684	Email : vasantvipul@yahoo.co.in
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DOB: Dec 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590652 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2017016400842354	Eligibility Status: Eligible	Examination form No.: 080673 	Division/Section: A	Roll No.: 54
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>THAKKAR MEET HASMUKH</b>	Mother's Name: AARTI	Gender: Male
Name in Vernacular Language: मीट हसमुख		
Address: b/9, Vinayak Darshan, subhash road, navapada		
City: dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202		
Telephone no.:	Mobile no: 919967781767	Email : meetradhegovind1@gmail.com
DOB: May 22, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590650 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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PRN: 2017016400842362	Eligibility Status: Eligible	Examination form No.: 080674 	Division/Section: A	Roll No.: 10
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHETTIYAR REVATHY KIRUBANANDAN</b>	Mother's Name: SHANTHI	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: चेट्टीयार रेवती किरुबानंदन

Address: HILL VIEW APT. ROOM NO 7 BEHIND BETHAL CHURCH KHOJGAON AMBERNAH WEST

City: AMBERNATH, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421505

Telephone no.:	Mobile no: 919987461462	Email : revathychettiar@gmail.com
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DOB: Aug 17, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590604 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

### Payment Details:

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN:  
2017016400842532

Eligibility Status:  
Provisional

Examination form No.:  
080675

Division/Section:  
A

Roll No.:  
48

Instruction Medium: \_\_\_\_\_ Nationality: India

### Student's Personal Information

Student's Name: **SHETH DIVYAKUMAR JAISUKHLAL** Mother's Name: SHOBHNA Gender: Male

Name in Vernacular Language: शिवाजीकुमार

Address: Natraj Building, B-4, Laxmi Narayan Lane, Matunga (CR), Mumbai-400019.

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400019

Telephone no.: 022 Mobile no: 918828153635 Email : divysheth1999@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0590643 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

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

PRN: 2017016400842806	Eligibility Status: Eligible	Examination form No.: 080676 	Division/Section: A	Roll No.: 60
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>YADAV VIPIN KAMLASHANKAR</b>	Mother's Name: GEETA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: यादव विपिन कमलाशंकर

Address: BRAHMAN PADA SHREE KRISHNA COLONY ROOM NO M7 ULHASNAGAR

City: ULHASNAGAR, Taluka: Ulhasnagar, District: Thane, State: Maharashtra, PIN: 421004

Telephone no.:	Mobile no: 918237795735	Email : neelam.vijiria@gmail.com
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DOB: May 03, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590655 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400842981	Eligibility Status: Eligible	Examination form No.: 080677 	Division/Section: A	Roll No.: 55
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>THAKKAR SAMEEP GOVIND</b>	Mother's Name: KUSUM	Gender: Male
Name in Vernacular Language: ठक्कर समीप गोविंद		
Address: 3, MEERA CHS LD. GUPTE ROAD OPP. SHIV MANDIR		
City: Dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202		
Telephone no.:	Mobile no: 917738937965	Email : sameepthakkar10@gmail.com
DOB: Jan 10, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590651 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Padave*

PRN: 2017016400843125	Eligibility Status: Eligible	Examination form No.: 080678 	Division/Section: A	Roll No.: 31
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PADAVE NIKHIL SADANAND</b>	Mother's Name: SANGITA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: पाडावे निखिल सदानंद
--

Address: R N 274, Katodipada, Saipan Chowki, Bhatwadi, Ghatkopar W
--

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

Telephone no.:	Mobile no: 919987526877	Email : nik24padave25@gmail.com
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DOB: Sep 16, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590627 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

### Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016400843245	Eligibility Status: Eligible	Examination form No.: 080679 	Division/Section: A	Roll No.: 39	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RATHOD DRUSTI VIJAY</b>	Mother's Name: KUSUM	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: राठोड दृष्टी विजय

Address: varia cottage, near ambaji dham M.G. Road mulund west, mumbai

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

Telephone no.: Mobile no: 919022308893 Email : drustirathod285@gmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0590635 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

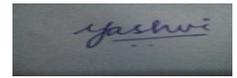
<http://mum.digitaluniversity.ac/>

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PRN: 2017016400843415	Eligibility Status: Eligible	Examination form No.: 080680 	Division/Section: A	Roll No.: 32
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>PAREKH YASHVI JITEN</b>	Mother's Name: BINDIYA	Gender: Female
Name in Vernacular Language: yashvi		
Address: 301/vraj bhuvan navroji lane ghatkopar west		
City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 919967229599	Email : yashviparekh14.y@gmail.com
DOB: Oct 14, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590628 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

**Declaration by Principal/HOD/Chairperson**

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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PRN: 2017016400843887	Eligibility Status: Eligible	Examination form No.: 080681 	Division/Section: A	Roll No.: 33
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>PARIKH DHRUVIT JIGNESH</b>	Mother's Name: JIGNA	Gender: Male
Name in Vernacular Language: पारीख धृवीत जिग्नेश		
Address: A/30, INDRADEEP SCTY GOPAL BHUVAN, LBS MARG ` GHATKOPAR(w)		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.: 25150425	Mobile no: 917506815351	Email : dhruvitparikh06@gmail.com
DOB: Jan 06, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590629 (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	85401	Risk Management	Th-UA [ ] ; Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ; Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ; Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ; Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ; Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ; Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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*D. B. D.*

PRN: 2017016400844295	Eligibility Status: Eligible	Examination form No.: 080682 	Division/Section: A	Roll No.: 15
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DODECHA DHYAN BHARAT</b>	Mother's Name: JIGNA	Gender: Male
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Name in Vernacular Language: GUJRATI

Address: 18c/1 khatau bhuvan model town, br road, mulund west ,mumbai 400080 4/a umiya bhuvan, opposite vardhaman nagar, mulund west mumbai 400080

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

Telephone no.:	Mobile no: 919819890877	Email : dhyandodecha@gmail.com
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DOB: Sep 18, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590609 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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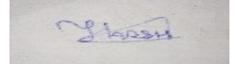
PRN:  
2017016400844337

Eligibility Status:  
Eligible

Examination form No.:  
080683

Division/Section:  
A

Roll No.:  
1



Instruction Medium: \_\_\_\_\_ Nationality: India

### Student's Personal Information

Student's Name: **ADANI HARSH SANJAY** Mother's Name: DEENA Gender: Male

Name in Vernacular Language: अदाणी हर्ष संजय

Address: B 902, Sargam CHS, Building no. 35, Tilak Nagar, Chembur.

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

Telephone no.: 25292767 Mobile no: 919619090725 Email : harshadani12@gmail.com

DOB: Jun 16, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0590597 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

DD No: \_\_\_\_\_ MICR No: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank: \_\_\_\_\_

Center Preference (Code/Name): \_\_\_\_\_  
Venue Preference (Code/Name): \_\_\_\_\_

**To, The Controller of Examination,**

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

Place: **Vidyavihar**

Date: \_\_\_\_\_

Student's Signature

**Declaration by Principal/HOD/Chairperson**

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

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



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PRN: 2017016400844376	Eligibility Status: Eligible	Examination form No.: 080684 	Division/Section: A	Roll No.: 16	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GAWDE ANUJ ANIL</b>	Mother's Name: PRATIBHA	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: Anuj
-----------------------------------

Address: 202, Mayflower-1, Cosmos Park, Behind Coral Heights, Vijay Garden road, Thane west.
--

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

Telephone no.:	Mobile no: 919920409466	Email : gawdeanuj@gmail.com
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DOB: Sep 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590610 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Aditya Mahantesh*

PRN: 2017016400844682	Eligibility Status: Eligible	Examination form No.: 080685 	Division/Section: A	Roll No.: 2
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>AMMANAGI ADITYA MAHANTESH</b>	Mother's Name: NANDINI	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: Aditya

Address: 1102, Mystic tower, Ashar Enclave, Kolshet road, Thane(w) - 400607 Maharashtra

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

Telephone no.:	Mobile no: 919930068562	Email : aditya.ammanagi11@gmail.com
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DOB: Sep 14, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590598 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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**Payment Details:** Amount Received: College Receipt No. and Date:

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

Venue Preference (Code/Name):

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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



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Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016400844724	Eligibility Status: Eligible	Examination form No.: 080686 	Division/Section: A	Roll No.: 19
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN AAYUSH JITENDRA</b>	Mother's Name: RESHMA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: जैन आयुष जीतेन्द्र

Address: 201-202 kushal bldg. santoshi mata road opp.jain society

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

Telephone no.:	Mobile no: 918369610051	Email : arockers0@gmail.com
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DOB: Sep 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590614 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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PRN: 2017016400845082	Eligibility Status: Eligible	Examination form No.: 080687 	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: <b>ROHRA HEENA SANTOSH</b>	Mother's Name: AARTI	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: रोहर हीन संतोषज

Address: 405/3, NEW KALPRAJ APT, BAIL BAZAR KALYAN(w)

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

Telephone no.:	Mobile no: 919699950592	Email : rohraheena13@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: 0590637 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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TAHER

PRN: 201701640084526	Eligibility Status: Provisional	Examination form No.: 080688 	Division/Section: A	Roll No.: 12
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHOPADAWALA TAHER KHOJEMA</b>	Mother's Name: HUSAINA	Gender: Male
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Name in Vernacular Language: Chopadawala Taher khojema
--

Address: 502 EZZI COP HOUSING SOCIETY KOLSHET ROAD THANE WEST
---

City: MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400607
---

Telephone no.:	Mobile no: 917715916053	Email : taher467@gmail.com
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DOB: Jun 07, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590606 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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**Payment Details:** Amount Received: College Receipt No. and Date:

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

Venue Preference (Code/Name):

**To, The Controller of Examination,**

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

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

**Declaration by Principal/HOD/Chairperson**

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

PRN: 2017016400845704	Eligibility Status: Eligible	Examination form No.: 080689 	Division/Section: A	Roll No.: 13
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DASH SONALI PRABHAKAR</b>	Mother's Name: RITANJALI	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: दश सोनाली प्रभाकर

Address: 19/B, SAHAJIVAN SOCIETY, SHINGRE WADI BAIL BAZAR, KURLA WEST,

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

Telephone no.:	Mobile no: 919619329951	Email : prabhakardash3@gmail.com
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DOB: May 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590607 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400846294	Eligibility Status: Eligible	Examination form No.: 080690 	Division/Section: A	Roll No.: 7
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>BHANUSHALI HARSH PRATAP</b>	Mother's Name: VIMALA	Gender: Male
Name in Vernacular Language: भानुशाली हर्ष प्रताप		
Address: A-103, Mahavir Empress Cama Lane, Ghatkopar West Mumbai-400086		
City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086		
Telephone no.: 25134378	Mobile no: 917666077006	Email : bhanushalih20@gmail.com
DOB: May 20, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590601 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400846313	Eligibility Status: Eligible	Examination form No.: 080691 	Division/Section: A	Roll No.: 27	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: MAURYA SARIKA RAMYAGYA	Mother's Name: SHARDHA MAURYA	Gender: Female
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Name in Vernacular Language: मौर्या सारिका RAMYAGYA

Address: 503, 6TH FLOOR SAMARTH VIHAR BUILDING PATHARLI ROAD

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

Telephone no.:	Mobile no: 918454973111	Email : sarikamaurya12@gmail.com
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DOB: Dec 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590623 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

Venue Preference (Code/Name):

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016400847251	Eligibility Status: Eligible	Examination form No.: 080692 	Division/Section: A	Roll No.: 4
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>APTE DEVASHREE CHANDRASHEKHAR</b>	Mother's Name: MANJIRI	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: आपटे देवश्री चंद्रशेखर

Address: A315, THE PRERANA SOCIETY, MODAK LANE, TILAK CHOWK, KALYAN WEST

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

Telephone no.: 2208353	Mobile no: 919323887571	Email : cgapte@gmail.com
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DOB: Jul 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: 0590600 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016400847614	Eligibility Status: Provisional	Examination form No.: 080693 	Division/Section: A	Roll No.: 53
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TAWDE PRANITA RAJESH</b>	Mother's Name: RASHMI	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: प्रणिता

Address: OM SAI COMPLEX, PHASE 1, D/203, RAM NAGAR, BADLAPUR EAST

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

Telephone no.:	Mobile no: 918268378775	Email : pranitatawde78@gmail.com
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DOB: May 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: 0590649 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016400847935	Eligibility Status: Provisional	Examination form No.: 080694 	Division/Section: A	Roll No.: 25
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ARYAN KAUSHAL KOTWAL</b>	Mother's Name: SAVITA	Gender: Male
Name in Vernacular Language: ARYAN		
Address: E-106 Army colony sec-9 Nerul		
City: navi mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400706		
Telephone no.: 27710044	Mobile no: 919167566049	Email : kotwal_aryan@yahoo.com
DOB: Apr 29, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590621 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016400847997	Eligibility Status: Provisional	Examination form No.: 080695 	Division/Section: A	Roll No.: 51	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SRIVASTAVA NAMAN RAJESH KUMAR</b>	Mother's Name: RENUKA	Gender: Male
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Name in Vernacular Language: नमन srivastava
---

Address: B-402 Anuvigyan sector-4
-----------------------------------

City: kharghar, Taluka: , District: Raigad, State: Maharashtra, PIN: 410210
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Telephone no.:	Mobile no: 919969436274	Email : s.naman10@gmail.com
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DOB: Jan 10, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590647 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400848061	Eligibility Status: Eligible	Examination form No.: 080696 	Division/Section: A	Roll No.: 46
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH PRIYAL MILAN</b>	Mother's Name: DAKASHA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: शाह प्रियल मिलन

Address: 216/15 AMITA SOCIETY HINGWALA LANE GHATKOPAR EAST

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

Telephone no.: 21020125	Mobile no: 918291394142	Email : PIYUPRINCESS91@GMAIL.COM
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DOB: May 25, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590641 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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*Sagar Gokul Kothawade*

PRN: 2017016400848165	Eligibility Status: Eligible	Examination form No.: 080697 	Division/Section: A	Roll No.: 24
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAGAR GOKUL KOTHAWADE</b>	Mother's Name: RANJANA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: सागर गोकुळ कोठवडे

Address: E-2 /102, MAHI BLDG LOKGRAM KALYAN EAST

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

Telephone no.: Mobile no: 919833418696 Email : sagarkothawade3@gmail.com

DOB: Oct 25, 1999 Category: Reserved (OBC) Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0590620 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

Mark Statement Fee Total:

### Payment Details:

Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

### To, The Controller of Examination,

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400848416	Eligibility Status: Eligible	Examination form No.: 080698 	Division/Section: A	Roll No.: 29	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NAGDA BHAIRAVI SANJAY</b>	Mother's Name: SADHANA	Gender: Female
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Name in Vernacular Language: Sadhana
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Address: A/206, Dhaivat tower KalpNagri B.R.Road, Mulund West
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City: Mumbai, Taluka: , District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.: 21642502	Mobile no: 919867460069	Email : bhairavinagda@gmail.com
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DOB: May 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590625 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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Shah

PRN: 2017016400848486	Eligibility Status: Eligible	Examination form No.: 080699 	Division/Section: A	Roll No.: 44
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: <b>SHAH DHARMIL ILESH</b>	Mother's Name: BHAVINI	Gender: Male
Name in Vernacular Language: शाह धर्मिल ईलेश		
Address: A-13, Munisuvrat Darshan Navroji Lane Ghatkopar - west		
City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086		
Telephone no.: 25132427	Mobile no: 919699591280	Email : shahdharmi3@gmail.com
DOB: Jun 29, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590639 (Status: ATKT)
Exam form appearance type: Fresher		

<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )			
SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

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



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PRN: 2017016400848591	Eligibility Status: Eligible	Examination form No.: 080700 	Division/Section: A	Roll No.: 61
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>KOTHARI YASH PRAKASHCHANDRA</b>	Mother's Name: ASHA	Gender: Male
Name in Vernacular Language: YASH		
Address: 10/B GIRIKUNJ BUILDING LBS MARG GHATKOPAR WEST MUMBAI 400086		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 919619415920	Email : yashkothari627@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: 0590619 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

**Declaration by Principal/HOD/Chairperson**

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

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



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PRN:  
2017016400848617

Eligibility Status:  
Eligible

Examination form No.:  
080701

Division/Section:  
A

Roll No.:  
9

Instruction Medium: \_\_\_\_\_ Nationality: India

### Student's Personal Information

Student's Name: **CHAPLOT JAY INDRAMAL** Mother's Name: CHANCHAL Gender: Male

Name in Vernacular Language: चपळोत जय इंद्रमाल

Address: A/102, MAHINDRA SPLENDOUR, ISHWAR NAGAR BHANDUP WEST

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

Telephone no.: \_\_\_\_\_ Mobile no: 917083578350 Email : chaplotjay@gmail.com

DOB: Nov 16, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0590603 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

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

Place: <b>Vidyavihar</b>
Date:
Student's Signature

**Declaration by Principal/HOD/Chairperson**

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

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



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*Sevkani*

PRN: 2017016400848672	Eligibility Status: Eligible	Examination form No.: 080702 	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: <b>SEVKANI PAYAL GOVIND</b>	Mother's Name: KIRAN	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: सेवकानी पायल गोविंद

Address: SAPTSHRUNGI APARTMENT, DESHMUKH WADA, AGRA ROAD, SHAHAPUR. SAPTSHRUNGI APARTMENT, DESHMUKH WADA, AGRA ROAD, SHAHAPUR. SAPTSHRUNGI APARTMENT, DESHMUKH WADA, AGRA ROAD, SHAHAPUR.

City: SHAHAPUR, Taluka: Shahapur, District: Thane, State: Maharashtra, PIN: 421601

Telephone no.:	Mobile no: 917977454848	Email : piyu5090@gmail.com
----------------	-------------------------	----------------------------

DOB: Dec 30, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590638 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ; Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ; Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ; Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ; Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ; Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ; Pw-CA [ ]

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

### Payment Details:

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Rohan Yada*

PRN: 2017016400851217	Eligibility Status: Eligible	Examination form No.: 080703 	Division/Section: A	Roll No.: 59
Instruction Medium:			Nationality:	India

### Student's Personal Information

Student's Name: <b>YADAV ROHAN RADHESHYAM</b>	Mother's Name: NIRMALA	Gender: Male
Name in Vernacular Language: रोहन		
Address: 3c/64 KALPATARU AURA, GHATKOPER WEST, L.B.S ROAD, OPP. R-CITY, MUMBAI-400086		
City: MUMBAI, Taluka: , District: Mumbai City, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 919167370195	Email : ROHANYADAV.RY1@GMAIL.COM
DOB: Jul 05, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590654 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400851295	Eligibility Status: Eligible	Examination form No.: 080704 	Division/Section: A	Roll No.: 8
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHANUSHALI UJWAL DINESH</b>	Mother's Name: JAYSHREE	Gender: Male
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Name in Vernacular Language: भानुशाली उज्वल दिनेश

Address: KALASH UDHYAN SOCIETY CHAKOR 4, ROOM NO-15 SECTOR-11, KOPARKHAIRNE

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

Telephone no.:	Mobile no: 919819310388	Email : ujwalbhanushali@gmail.com
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DOB: Oct 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590602 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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PRN: 2017016400851392	Eligibility Status: Provisional	Examination form No.: 080705 	Division/Section: A	Roll No.: 37
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>PRAJAPATI RITIK ASHOK</b>	Mother's Name: KAMALA	Gender: Male
Name in Vernacular Language: प्रजपति		
Address: 306, Anand society, Tanaji chowk New mill road, kurla(W) Mumbai 400070		
City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070		
Telephone no.:	Mobile no: 919820189988	Email : ritikprajapati9969@gmail.com
DOB: May 16, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590633 (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	85401	Risk Management	Th-UA [ ] ; Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ; Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ; Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ; Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ; Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ; Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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P. R. Patel

PRN: 2017016400851403	Eligibility Status: Eligible	Examination form No.: 080706 	Division/Section: A	Roll No.: 34
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL PRAVINKUMAR RAJUBHAI</b>	Mother's Name: SHILPABEN	Gender: Male
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Name in Vernacular Language: पटेल प्रविणकुमार

Address: kansai section near gaon devi mandir kansai college

City: ambarnath, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421501

Telephone no.: 2609042	Mobile no: 917391893688	Email : pravinpatel2620@gmail.com
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DOB: Jan 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590630 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400851956	Eligibility Status: Eligible	Examination form No.: 080707 	Division/Section: A	Roll No.: 58	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: VERMA VIJAY MANOJ	Mother's Name: HEMLATA	Gender: Male
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Name in Vernacular Language: वर्मा विजय मनोज

Address: SHANKHESHWAR KIRAN BLDG NO. 1/503 WAYLE NAGAR - KHADAKPADA KALYAN (WEST)

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

Telephone no.:	Mobile no: 917208567204	Email : vickyverma2411.vv@gmail.com
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DOB: Nov 24, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590653 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

### To, The Controller of Examination,

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

Place: Vidyavihar

Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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*Anchal*

PRN: 2017016400852097	Eligibility Status: Eligible	Examination form No.: 080708 	Division/Section: A	Roll No.: 18
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GUPTA AANCHAL ARVIND</b>	Mother's Name: ANITA	Gender: Female
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Name in Vernacular Language: गुप्ता आंचल अरविंद

Address: 3/37 laxmi bai bhosle building, shivaji nagar sai chawl, thane

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

Telephone no.: Mobile no: 919920240170 Email : anchalg2000@gmail.com

DOB: Aug 05, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0590613 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

Mark Statement Fee Total:

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, The Controller of Examination,**

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

Place: **Vidyavihar**  
Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

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PRN: 2017016400852236	Eligibility Status: Eligible	Examination form No.: 080709 	Division/Section: A	Roll No.: 45
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH FIRDOS HABIBULLAH</b>	Mother's Name: SALMA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: शाह फिरदोस हबीबुल्लाह

Address: A2/802, dsk madhuban mehra industrial compound andheri kurla road

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

Telephone no.:	Mobile no: 919320185098	Email : mahishah221@gmail.com
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DOB: Nov 30, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590640 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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Afreen

PRN: 2017016400852252	Eligibility Status: Eligible	Examination form No.: 080710 	Division/Section: A	Roll No.: 3
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: <b>ANSARI AFREENBANO MOHDFURQAN</b>	Mother's Name: RUKHSANA	Gender: Female
Name in Vernacular Language: Ansari aafirin mohd furqan		
Address: Plot no-14 line no-O room no-8 Shivaji nagar govandi		
City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400043		
Telephone no.:	Mobile no: 918689982002	Email : shaikh.rehan786143@gamil.com
DOB: Jan 08, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590599 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

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

**Declaration by Principal/HOD/Chairperson**

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



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

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B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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*Sakshi*

PRN: 2017016401265926	Eligibility Status: Eligible	Examination form No.: 080711 	Division/Section: A	Roll No.: 63
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>SINGH SAKSHI PRAMOD</b>	Mother's Name: SARITA	Gender: Female
Name in Vernacular Language: sakshi		
Address: R.no. 16, Eknath krupa building Eknath mhatre nagar, Near rokel depo Manpada road		
City: Dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 919167055322	Email : shubhamsingh9029@gmail.com
DOB: Feb 11, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590646 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

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

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2017016401910342	Eligibility Status: Provisional	Examination form No.: 080712 	Division/Section: A	Roll No.: 47
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SIDDHANT HITESH SHAH</b>	Mother's Name: SEJAL	Gender: Male
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Name in Vernacular Language: सिद्धांत हिनेश शाह
---

Address: ANAND, C/361, BEHIND DR'S GOEL NURSING HOME SAMTA COLONY
---

City: RAIPUR, Taluka: RAIPUR, District: Raipur, State: Chhattisgarh, PIN: 492001
--

Telephone no.:	Mobile no: 919589014888	Email : siddhpurush@gmail.com
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DOB: Aug 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590642 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

### Declaration by Principal/HOD/Chairperson

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



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Harshit

PRN: 2017016401910357	Eligibility Status: Eligible	Examination form No.: 080713 	Division/Section: A	Roll No.: 28	
Instruction Medium:			Nationality: India		

### Student's Personal Information

Student's Name: <b>MISHRA HARSHIT RAMESH</b>	Mother's Name: GEETA	Gender: Male
Name in Vernacular Language: मिश्रा हर्षित रमेश		
Address: SHRI OMKAR SOCIETY, 307/04 NEAR SONIYA SAINATH MARUTI MANDIR, PANTNAGAR, GHATKOPAR EAST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400075		
Telephone no.:	Mobile no: 918652371345	Email : rameshmishra661@gmail.com
DOB: Apr 03, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590624 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401910373	Eligibility Status: Eligible	Examination form No.: 080714 	Division/Section: A	Roll No.: 21
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: <b>JAIN HIMANSHU RAKESH</b>	Mother's Name: SANGEETA	Gender: Male
Name in Vernacular Language: जैन हिमांशु rakesh		
Address: 302, lili Apartment Agyari lane, Tembhi naka Thane west, naupada		
City: mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601		
Telephone no.: 25334536	Mobile no: 919769942011	Email : Himanshujain6999@gmail.com
DOB: Sep 06, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590616 (Status: Pass)
Exam form appearance type: Fresher		

<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )			
SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

**Declaration by Principal/HOD/Chairperson**

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

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



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Namrata

PRN: 2017016401910381	Eligibility Status: Eligible	Examination form No.: 080715 	Division/Section: A	Roll No.: 8
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHETTY NAMRATA RAMESH</b>	Mother's Name: SHANTHI	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: शेटी नमता रमेश

Address: 201, 2ND FLOOR, A-WING, SAI JYOTI BLDG., KISAN NAGAR NO.2, WAGLE ESTATE, THANE

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

Telephone no.:	Mobile no: 918879140067	Email : rameshvicky64@gmail.com
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DOB: Mar 09, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590645 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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





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PRN: 2017016401910407	Eligibility Status: Eligible	Examination form No.: 080717 	Division/Section: A	Roll No.: 36	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: PAWAR YASH PRADIP	Mother's Name: SUNITA	Gender: Male
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Name in Vernacular Language: पवार यश प्रदीप
---

Address: YASH BANGLOW, GULMOHAR COLONY SATPUR, NASHIK
---

City: NASHIK, Taluka: Nashik, District: Nashik, State: Maharashtra, PIN: 422007
---

Telephone no.:	Mobile no: 917588819194	Email : amedhane@rediffmail.com
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DOB: Oct 27, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0590632 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, The Controller of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
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: 2017016403361663	Eligibility Status: Provisional	Examination form No.: 080718 	Division/Section: A	Roll No.: 05	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ARORA CHANDNI RAJ</b>	Mother's Name: JYOTI	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: अरोरा चांदनी राज

Address: 1202, ICON, ASHAR ENCLAVE, KOLSHET ROAD, DHOKALI, THANE WEST

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

Telephone no.:	Mobile no: 919324277703	Email :
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DOB: Jun 09, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 910035 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016403361671	Eligibility Status: Provisional	Examination form No.: 080719 	Division/Section: A	Roll No.: 6	 Name
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHADRA HETAL SUNDER</b>	Mother's Name: VARSHA	Gender: Female
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Name in Vernacular Language: भद्रा हेतल सुंदर

Address: C/401, TRIRUSHI SAPTRISHI PARK, SWAPNA NAGARI, MULUND WEST

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

Telephone no.:	Mobile no: 918655762589	Email :
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DOB: Jun 16, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 910032 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016403361694	Eligibility Status: Provisional	Examination form No.: 080720 	Division/Section: A	Roll No.: 56	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TOLE OMME AYMAN ABDUL HAMID</b>	Mother's Name: GULSHAN	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: टोले ओम्मे अयमान अब्दुल हमिद

Address: B/16, FIRDAUS APT., NEW HILL ROAD KURLA WEST

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

Telephone no.:	Mobile no: 919322768294	Email :
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DOB: May 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: 910202 (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	85401	Risk Management	Th-UA [ ] ;Th-CA [ ]
2	85403	Mutual Fund Management	Th-UA [ ] ;Th-CA [ ]
3	85404	Organisational Behaviour	Th-UA [ ] ;Th-CA [ ]
4	85405	Strategic Corporate Finance	Th-UA [ ] ;Th-CA [ ]
5	85407	Corporate Restructuring	Th-UA [ ] ;Th-CA [ ]
6	UFMFSVI.8	Project Work II	Pw-UA [ ] ;Pw-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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