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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2014016401313462	Eligibility Status: Eligible	Examination form No.: 067561 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SUTHAR DEEPIKA GIRDHARILAL	Mother's Name: REKHA	Gender: Female
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Name in Vernacular Language: सुथर दीपिका गिरधारीलाल

Address: MEHTA BLD IST FLOUR ROOM NO -12 HANSOTI CAMA LANE GHATKOPAR (WEST) MUMKBAI -400086

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

Telephone no.:	Mobile no: 919833679174	Email :
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DOB: Jun 10, 1996	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121313 (Status: Fail)
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Exam form appearance type: Fresher

Paper 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	85402	Venture Capital and Private Equity	Th-UA [] ;Th-CA []
3	85403	Mutual Fund Management	Th-UA [] ;Th-CA []
4	85404	Organisational Behaviour	Th-UA [] ;Th-CA []
5	85406	Indirect Tax - GST	Th-UA [] ;Th-CA []
6	UFMFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2015016401993464	Eligibility Status: Eligible	Examination form No.: 286358 	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: MARU MAITRI YOGESH	Mother's Name: DEEPA	Gender: Female
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Name in Vernacular Language: मारु 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

DOB: Oct 25, 1997 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem VI [2C00256](Regular-Rev16) Exam Event: Apr-2020 Seat No: RDP1143214 (Status: Absent)

Exam form appearance type: Repeater

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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Sanjay

PRN: 2016016400547053	Eligibility Status: Eligible	Examination form No.: 286359 	Division/Section: A	Roll No.: 1
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BAROT SANJURAJ RAJKAPOOR	Mother's Name: PREMLATA	Gender: Male
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Name in Vernacular Language: बारोट संजूरज राजकपूर प्रेमलता

Address: SANJAY GANDHI NAGAR, GROUP NO 04, LALSINGH CHAWHAN MARG, RAJAN CHAWL, TAGORE NAGAR, VIKHROLI EAST

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

Telephone no.:	Mobile no: 918779939634	Email : BAROTSANJU0@GMAIL.COM
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DOB: Oct 15, 1996	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00256](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1125871 (Status: Fail)
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Exam form appearance type: Repeater

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

SN	Paper Code	Paper Name	AM - AT
1	85404	Organisational Behaviour	Th-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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Date:		



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Dhale

PRN: 2016016400547207	Eligibility Status: Eligible	Examination form No.: 286360 	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: DHALE SHRADDHA ARVIND	Mother's Name: ARVIND	Gender: Female
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Name in Vernacular Language: DHALE SHRADDHA ARVIND
--

Address: D-1/402,VINDHYAVASINI KRUPA CO.APT., HANUMAN NAGAR ROAD NEAR TWINKLE APT. KALYAN(E)
--

City: KALYAN, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421306
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Telephone no.:	Mobile no: 919870297123	Email : shraddhadhale98@gmail.com
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DOB: Apr 23, 1998	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00256](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1125887 (Status: Fail)
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Exam form appearance type: Repeater

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	85401	Risk Management	Th-UA []

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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A.B. Jadhav

PRN: 2017016400845712	Eligibility Status: Eligible	Examination form No.: 067562 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JADHAV AAKANSHA BABURAO	Mother's Name: VAISHANVI	Gender: Female
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Name in Vernacular Language: जाधव आकांक्षा बाबुराव

Address: BDD.chawl,72/72,3rd floor,Bhagoji Waghmare Marg,Wroli ,Mumbai18 BDD.chawl,72/72,3rd floor,Bhagoji Waghmare Marg,Wroli ,Mumbai18

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400030

Telephone no.:	Mobile no: 918692078568	Email : aakanksha.jadhav2712@gmail.com
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DOB: Dec 27, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121267 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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 Fee	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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

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

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PRN: 2017016400845824	Eligibility Status: Eligible	Examination form No.: 067563 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHOGALE SHREERAJNARENDRA V IJAYA	Mother's Name: VIJAYA	Gender: Male
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Name in Vernacular Language: चोगले श्रीराज नरेंद्र व विजया

Address: 98/B,1st Floor,Kalokh House ,Near Market Lane,Worli Koliwada,Mumbai 40030 98/B,1st Floor,Kalokh House ,Near Market Lane,Worli Koliwada,Mumbai 40030 98/B,1st Floor,Kalokh House ,Near Market Lane,Worli Koliwada,Mumbai 40030

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400030

Telephone no.:	Mobile no: 919757027548	Email : shreerajchogale14@gmail.com
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DOB: Aug 14, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121260 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016402040065	Eligibility Status: Eligible	Examination form No.: 067564 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH JAY SANJAY	Mother's Name: SONAL	Gender: Male
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Name in Vernacular Language: JAY

Address: 1/20 KRISHNA KUNJ SANGHANI ESTATE GHATKOPAR (WEST)

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

Telephone no.: 25008059	Mobile no: 917678095796	Email : jays0575@gmail.com
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DOB: Nov 30, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121303 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
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PRN: 2018016402040081	Eligibility Status: Provisional	Examination form No.: 067565 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: UJJWAL SARAOGI	Mother's Name: ALKA	Gender: Male
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Name in Vernacular Language: उज्जवल

Address: OPP OF GAJANAN COMPLEX MALVIYA GANJ GOLE BAZAAR
--

City: KATNI, Taluka: KATNI, District: Katni, State: Madhya Pradesh, PIN: 483501

Telephone no.:	Mobile no: 919424901236	Email : SARAOGI.UJJWAL@GMAIL.COM
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DOB: Oct 03, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121299 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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 []
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6	UFMFSVI.8	Project Work II	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402040193	Eligibility Status: Eligible	Examination form No.: 067567 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BADE AMEYA JITENDRA	Mother's Name: PANKAJA BADE	Gender: Male
--	-----------------------------	--------------

Name in Vernacular Language: बडे अमेय जिर्तेद्र

Address: C-5 103, SAKET COMPLEX KK MARG, NEAR MAJIWADA THANE WEST. 400601

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

Telephone no.:	Mobile no: 917977259881	Email : AMY.BADE11@YAHOO.COM
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DOB: Jan 01, 2000	Category: Reserved (NT-3 (NT-D))	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121252 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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Karia

PRN: 2018016402040204	Eligibility Status: Eligible	Examination form No.: 067568 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KARIA NIDHI CHANDULAL	Mother's Name: NAYNA	Gender: Female
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Name in Vernacular Language: NAYNA

Address: 6/A 1ST FLOOR ,NARAYAN BHUVAN , L.B.S MARG , GANGAWADI, GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919004798986	Email : nidhikaria2000@gmail.com
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DOB: Mar 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121275 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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Vani

PRN:

2018016402040251

Eligibility Status:

Provisional

Examination form No.:

067570



Division/Section:

Roll No.:

Instruction Medium:

Nationality:

India

Student's Personal Information

Student's Name: MEHTA VANI HIRANBHAI

Mother's Name: JYOTSNA

Gender: Female

Name in Vernacular Language: मेहता वाणी हिरनभाई

Address: B-4 flat, 4th floor, bldg no.35 Pant nagar Ghatkopar (e)

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

Telephone no.:

Mobile no: 919167017920

Email : vanimehta69@gmail.com

DOB: Aug 24, 2000

Category: Open

Physically Handicap: No

Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)

Exam Event: Dec-2020

Seat No: RDP1121283 (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 Fee

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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: Vidyavihar

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

Place:

Date:

College Staff Signature

Seal and Signature of
Principal/HOD/Chairperson



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

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Ralak

PRN: 2018016402040297	Eligibility Status: Eligible	Examination form No.: 067571 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PUROHIT ZALAK MANISH	Mother's Name: RASHMI	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: पुरोहित झलक

Address: 91/2710, SHANTI NIWAS CHS,PANTNAGER, GHATKOAR EAST MUMBAI

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

Telephone no.: 25017960	Mobile no: 919969837294	Email : purohitz2000@gmail.com
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DOB: Nov 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121291 (Status: Pass)
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Exam form appearance type: Fresher

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

PRN: 2018016402040301	Eligibility Status: Eligible	Examination form No.: 067572 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SANGHVI DARSHIL DEEPAK	Mother's Name: HASMITA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: Darshil

Address: 3D/131 Tuscan, Kalpataru Aura Ghatkopar west Mumbai-400086

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

Telephone no.: 25176749	Mobile no: 919619789385	Email : darshilsanghvi123@gmail.com
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DOB: Jan 13, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121298 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2018016402040347	Eligibility Status: Eligible	Examination form No.: 067573 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH ROHAN CHETAN	Mother's Name: SONIYA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: rohan

Address: flat no 7, MG Road, Ghatkopar west. near bank of india

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 918369109065	Email : rohanshadps@gmail.com
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DOB: Aug 06, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121307 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	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 Fee	Exam Form Late Fee	Exam Form Super Late Fee
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Examination Fees	Mark Statement Fee	Total:
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Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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

PRN: 2018016402040355	Eligibility Status: Eligible	Examination form No.: 067574 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHHABRA HARKIRAT KAUR PARAMJIT SINGH	Mother's Name: SATINDER KAUR	Gender: Female
---	------------------------------	----------------

Name in Vernacular Language: हरकीरत कौर छाबरा

Address: Room no 295/32, Ramabai colony Ghatkopar east Room no 75/8, Ramabai colony Ghatkopar East

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

Telephone no.:	Mobile no: 919082347197	Email : harkiratkaurchhabra252@gmail.com
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DOB: Feb 19, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121258 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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

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Alfiya

PRN: 2018016402040444	Eligibility Status: Eligible	Examination form No.: 067575 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH ALFIYA NOORAIN	Mother's Name: TASNEEM	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: शेख अँफिया नूरईन

Address: 204, MUGHAL PLAZA KAKA NAGAR KAUSA

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

Telephone no.:	Mobile no: 919867239940	Email : shaikhalfiya272@gmail.com
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DOB: Sep 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121310 (Status: Pass)
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Exam form appearance type: Fresher

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

PRN: 2018016402040452	Eligibility Status: Eligible	Examination form No.: 067576 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BAROT HARDIK HARSHAD	Mother's Name: BHAKTI	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: हार्दिक हर्षद बारोट
--

Address: 3148/220, sector 1 cgs colony , kane nagar mumbai 400037

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400037
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Telephone no.:	Mobile no: 919167309091	Email : hardikbarot311099@gmail.com
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DOB: Oct 31, 1999	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121253 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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Maitri

PRN: 2018016402040475	Eligibility Status: Eligible	Examination form No.: 067577 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH MAITRI RAJESH	Mother's Name: JAYSHREE	Gender: Female
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Name in Vernacular Language: शाह मैत्री राजेश

Address: 264/A 25, LILA NIWAS LAKHAMSHI NAPOO ROAD NEAR MATUNGA RAILWAY STATION [C.R]

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

Telephone no.:	Mobile no: 917045596569	Email : maitrishah115@gmail.com
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DOB: May 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121304 (Status: Pass)
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Exam form appearance type: Fresher

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

PRN: 2018016402040483	Eligibility Status: Eligible	Examination form No.: 067578 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: SHAH MENKA MANISH	Mother's Name: JAYASHREE	Gender: Female
Name in Vernacular Language: मनेका		
Address: 216/15 AMEETA HINGWALA LANE GHATKOPAR EAST		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400077		
Telephone no.:	Mobile no: 919757134520	Email : menkashah20@gmail.com
DOB: Nov 20, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121306 (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 Fee	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, Director, Board of Examination and Evaluations / The Controller Of Examination,	Place: Vidyavihar
I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

PRN: 2018016402040491	Eligibility Status: Eligible	Examination form No.: 067579 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BERA YASH DILIP	Mother's Name: NEELAM	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: बेर यश दिलीप

Address: ROOM NO.49,4TH FLOOR,JAMNADAS MANSION. L.N.LANE,MATUNGA(EAST)

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

Telephone no.:	Mobile no: 919930219117	Email : yashbera42@gmail.com
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DOB: Feb 27, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121254 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016402040517	Eligibility Status: Eligible	Examination form No.: 067580 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH VAIBHAV BHARAT	Mother's Name: BINA	Gender: Male
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Name in Vernacular Language: शाह वैभव भारत

Address: 8/A,204 ASHOK NAGAR, KALYAN ROAD BHIWANDI

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

Telephone no.:	Mobile no: 918097731836	Email : vaibhavshah1300@gmail.com
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DOB: Sep 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121309 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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 Fee	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2018016402040525	Eligibility Status: Eligible	Examination form No.: 067581 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DODHIA PARTH NITESH	Mother's Name: SAROJ	Gender: Male
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Name in Vernacular Language: पार्थ

Address: 22-A 4th floor 401

City: Bhiwandi, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421302
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Telephone no.:	Mobile no: 917757077700	Email : parthdodhia33@gmail.com
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DOB: May 31, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121263 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2018016402040541	Eligibility Status: Eligible	Examination form No.: 067582 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANDARI NAVAL SANTOSH	Mother's Name: NEETA	Gender: Male
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Name in Vernacular Language: नवल

Address: PT.NO 16 AASA MATA NIWAS MAHAVIR NAGAR BADLAPUR WEST

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

Telephone no.: Mobile no: 919673347975 Email : navalbhandari2@gmail.com

DOB: Mar 25, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16) Exam Event: Dec-2020 Seat No: RDP1121255 (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 Fee	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2018016402040622	Eligibility Status: Eligible	Examination form No.: 067583 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KADAM CHINMAY VILAS	Mother's Name: BABITA	Gender: Male
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Name in Vernacular Language: कदम चिन्मय विलास

Address: 15, B WING, RUKHMINI SANDESH CO-OP HOUSING SOCIETY, 29/29A, FRIENDS COLONY BHANDUP (EAST)

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

Telephone no.:	Mobile no: 917710942342	Email : chinmaykadam2k@gmail.com
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DOB: Aug 09, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121272 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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 Fee	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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 2021 event.

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PRN: 2018016402040637	Eligibility Status: Eligible	Examination form No.: 067584 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA DIPEN KETAN	Mother's Name: HEMA	Gender: Male
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Name in Vernacular Language: MEHTA DIPEN KETAN
--

Address: 5 vidhyut, kamalane ghatkopar west

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

Telephone no.:	Mobile no: 919137715112	Email : MEHTADIPEN21@GMAIL.COM
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DOB: Nov 03, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121280 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016402040684	Eligibility Status: Eligible	Examination form No.: 067585 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DEDHIA SHUBH VIPUL	Mother's Name: SONAL DEDHIA	Gender: Male
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Name in Vernacular Language: शुभ विपुल देढिया

Address: B-11, GALA KUNJ APT, 3RD FLOOR NEHRU ROAD, MULUND WEST MUMBAI 400080

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 919324361150	Email : VIPUL1_DEDHIA@REDIFFMAIL.COM
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DOB: Aug 16, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121262 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016402040703	Eligibility Status: Eligible	Examination form No.: 067586 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GADA UMANG SANJAY	Mother's Name: RAKSHA	Gender: Male
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Name in Vernacular Language: umang

Address: A/1201, integrated bhoomi i.b.s road, ghatkopar west

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

Telephone no.: 25161112	Mobile no: 919619912238	Email : umanggada23@gmail.com
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DOB: Aug 23, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121265 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016402040823	Eligibility Status: Provisional	Examination form No.: 067588 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DAVE MEET	Mother's Name: REENA	Gender: Male
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Name in Vernacular Language: **मीत**

Address: B-13/7 Siddhivinayak society, Sector -14 , Vashi, Navi Mumbai MG complex

City: Navi Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703

Telephone no.:	Mobile no: 919619603747	Email : davemeet30@gmail.com
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DOB: Apr 16, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121261 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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PRN: 2018016402040831	Eligibility Status: Eligible	Examination form No.: 067589 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH MANSI KAMLESH	Mother's Name: BEENA	Gender: Female
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Name in Vernacular Language: Gujarati

Address: 236/6153 Nalanda Building Naidu Colony, Pant Nagar Ghatkopar East
--

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075
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Telephone no.:	Mobile no: 917506127254	Email : mansishah435@gmail.com
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DOB: May 12, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121305 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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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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PRN: 2018016402040846	Eligibility Status: Eligible	Examination form No.: 067590 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAVAL MOHIT BAKUL	Mother's Name: JAYMALA	Gender: Male
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Name in Vernacular Language: मोहित

Address: 602,A WING PRANAY KIRAN HANSOTI LANE

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

Telephone no.:	Mobile no: 919930961632	Email : mohitrava1945@gmail.com
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DOB: Sep 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121296 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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 Fee	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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 2021 event.

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PRN: 2018016402040854	Eligibility Status: Eligible	Examination form No.: 067591 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN BHAVYA PRAVIN	Mother's Name: SUREKHA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: जैन भव्य प्रवीण

Address: B -13 SUNIL SHOPPING CENTRE S N MEHTA MARG NEW MANEKLAL ESTATE

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

Telephone no.:	Mobile no: 919869613612	Email : BHAVYAJAIN250@GMAIL.COM
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DOB: Nov 30, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121268 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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PRN: 2018016402040927	Eligibility Status: Eligible	Examination form No.: 067592 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TIBREWALA AMAN MANTU	Mother's Name: AFROZ	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: टिबरेवाला Aman मंतु
--

Address: B/1 saubhgya Chhedanagar Chembur

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

Telephone no.:	Mobile no: 919920361858	Email : afrozredrose@gmail.com
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DOB: Aug 31, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121316 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

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Bhavya

PRN: 2018016402040974	Eligibility Status: Eligible	Examination form No.: 067593 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAREKH BHAVYA SAMEER	Mother's Name: NEETA	Gender: Male
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Name in Vernacular Language: BHAVYA

Address: 10 SANGHAM SOCIETY KHATAU BUILDING KAMA LANE GHATAKOPAR WEST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 918169756096	Email : parekhhavya10@gmail.com
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DOB: Aug 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121289 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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Kanaska

PRN: 2018016402041006	Eligibility Status: Eligible	Examination form No.: 067594 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KANASKAR DEVARSH SURYAKANT VIDYA	Mother's Name: VIDYA	Gender: Male
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Name in Vernacular Language: कानस्कर डेवर्ष सूर्यकांत विद्या

Address: room no 18, devkinandan bhैया chawl, jwharbhai plot, bhatwadi ghatkopar(w)

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

Telephone no.:	Mobile no: 918291530703	Email : devarshk16@gmail.com
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DOB: Dec 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121273 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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 Fee	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2018016402041053	Eligibility Status: Eligible	Examination form No.: 067595 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAKHARIYA POOJA ASHOK	Mother's Name: HASMITA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: जखरिया पूजा अशोक

Address: MAHAVIR SOCIETY PAYAL TALKIES GAURI PADA

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

Telephone no.:	Mobile no: 917040073873	Email : poojajkhariya@gmail.com
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DOB: Jul 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121271 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

To, Director, Board of Examination and Evaluations / The Controller Of Examination,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2018016402041103	Eligibility Status: Eligible	Examination form No.: 067596 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PRAJAPATI DASHRATH BABULAL	Mother's Name: BHAVARIDEVI	Gender: Male
---	----------------------------	--------------

Name in Vernacular Language: दशरथ

Address: 10, marys abode near dream planet thane west

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

Telephone no.:	Mobile no: 919892397343	Email : dashrathp81@gmail.com
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DOB: Jan 29, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121290 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016402041111	Eligibility Status: Eligible	Examination form No.: 067597 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH RUTIK RAJESH	Mother's Name: ANJANA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: शाह रूतिक राजेश

Address: 78/6 D malbar hill road mulund colony mulund west mumbai

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

Telephone no.: 259028208	Mobile no: 919702555601	Email : urvi0519@gmail.com
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DOB: Feb 24, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121308 (Status: Pass)
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Exam form appearance type: Fresher

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

PRN: 2018016402041134	Eligibility Status: Eligible	Examination form No.: 067598 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAKSHE OMKAR NILESH	Mother's Name: NIMISHA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: राक्षे ओमकार निलेश

Address: M/5, C WING FLAT NO 505 PALM ACRES CHA LTD MHADA COLONY, PRATIKSHA BAHER SION (E)

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

Telephone no.:	Mobile no: 917506638672	Email : RAKSHEOMKAR9@GMAIL.COM
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DOB: Nov 09, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121293 (Status: Pass)
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Exam form appearance type: Fresher

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

PRN: 2018016402041142	Eligibility Status: Eligible	Examination form No.: 067599 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MONANI RIDDHI RAJESH	Mother's Name: DIPTI	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: मोनानी रिद्धी राजेश

Address: 19/C/2 Gokul Ashish Co-Op Hsg Soc, Agfa Colony, Vardhman Nagar, Dr. R P Road, Mulund (w)

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

Telephone no.: 21644895	Mobile no: 919820651544	Email : rajeshmonani.lic@gmail.com
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DOB: Jan 17, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121284 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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PRN: 2018016402041223	Eligibility Status: Eligible	Examination form No.: 067600 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA SHAKSHI DHARMESH	Mother's Name: RENA	Gender: Female
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Name in Vernacular Language: mehta shakshi dharmesh

Address: A/501, Arihant Sudha Park, V.B lane, Ghatkopar East
--

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

Telephone no.:	Mobile no: 917678029697	Email : shakshimehta9@gmail.com
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DOB: Aug 16, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121282 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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Signature

PRN: 2018016402041254	Eligibility Status: Eligible	Examination form No.: 067601 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GOHIL YOGESH VALJI	Mother's Name: NIRMALA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: गोहिल योगेश वलजि

Address: 302 d wing bld 123 tilak nagar chembur

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400089
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Telephone no.:	Mobile no: 919004067514	Email : yogeshgohil212000@gmail.com
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DOB: Apr 21, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121266 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

PRN: 2018016402041277	Eligibility Status: Eligible	Examination form No.: 067602 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAJGOR KOMAL SANJAY	Mother's Name: BHAVNA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: राजगोर कोमल

Address: 329/3, Trishul Bldg No- 2 Sitaram Jadhav Marg Lower Parel (W). Mumbai

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

Telephone no.: 24930111 Mobile no: 919819140422 Email : karanrajgor1810@gmail.com

DOB: Jan 11, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16) Exam Event: Dec-2020 Seat No: RDP1121292 (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 Fee 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016402041293	Eligibility Status: Provisional	Examination form No.: 067603 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PRIYANSHI SINHA	Mother's Name: SHIKHA	Gender: Female
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Name in Vernacular Language: प्रियांशी सिन्हा

Address: FLAT NO.- 404 GURUPUSHP C.H.S SAI NAGAR ROAD OLD PANVEL

City: NAVI MUMBAI, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410206

Telephone no.: 27711255	Mobile no: 919869688540	Email : sinhavijay25@gmail.com
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DOB: May 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121311 (Status: Pass)
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Exam form appearance type: Fresher

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

PRN: 2018016402041343	Eligibility Status: Eligible	Examination form No.: 067604 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA RIDDHI BHAVESH	Mother's Name: TEJAL	Gender: Female
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Name in Vernacular Language: रिद्धी मेहता

Address: 149/4086 , saidham , vallabhaug lane, ghatkopar east 149/4086 , saidham , vallabhaug lane, ghatkopar east
--

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075
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Telephone no.:	Mobile no: 918976021439	Email : mehtariddhi207@gmail.com
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DOB: May 16, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121281 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016402041424	Eligibility Status: Eligible	Examination form No.: 067605 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KORI VIJAY KASHIRAM SHIVKUMARI	Mother's Name: SHIVKUMARI	Gender: Male
---	---------------------------	--------------

Name in Vernacular Language: विजय काशीराम कोरी

Address: k-12 room no. 317 MMRDA colony kanjurmarg (w) LBS road near at kanjurmarg

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

Telephone no.:	Mobile no: 917666317204	Email : vk317k@gmail.com
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DOB: May 13, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121277 (Status: Pass)
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Exam form appearance type: Fresher

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016402041625	Eligibility Status: Eligible	Examination form No.: 067606 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MORE PIYUSH SHAILESH	Mother's Name: SHILPA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: मोरे पियुष शैलेश

Address: G-3 ROOM NO 5, NEAR SANT MUKTABAI HOSPITAL, BHATWADI, GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919004567696	Email : morepiyush111@gmail.com
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DOB: Oct 05, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121285 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	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 Fee	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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)

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Keshav

PRN: 2018016402041656	Eligibility Status: Eligible	Examination form No.: 067608 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH JANAM KALPESH	Mother's Name: BINA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: जन्म

Address: 504 OLYMPIC APT. OFF DEVIDAYAL ROAD

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

Telephone no.:	Mobile no: 917208620845	Email : janamshah012@gmail.com
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DOB: May 23, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121302 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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 Fee	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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 2021 event.

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

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PRN: 2018016402041722	Eligibility Status: Eligible	Examination form No.: 067609 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHANDAK SUDHANSHU RAMAN MANISHA	Mother's Name: MANISHA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: चंडक सुधांशू रमण मनिषा

Address: B-11, Laxmivenkatesh Nagar, Ichalkaranji, Kolhapur

City: Ichalkaranji, Taluka: Hatkanangale, District: Kolhapur, State: Maharashtra, PIN: 416115

Telephone no.:	Mobile no: 918169672057	Email : keyur.kulkarni38@gmail.com
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DOB: Jul 21, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121257 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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 Fee	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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 2021 event.

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

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PRN: 2018016402041753	Eligibility Status: Eligible	Examination form No.: 067610 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NANDA SATISH BHARAT	Mother's Name: NEETA	Gender: Male
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Name in Vernacular Language: सतीश

Address: 703, Sunshine willows Sector-8, Ghansoli, 400701.

City: Navi Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400701

Telephone no.:	Mobile no: 919321918380	Email : satishnanda78@gmail.com
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DOB: Jun 28, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121287 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2018016402041792	Eligibility Status: Eligible	Examination form No.: 067611 	Division/Section:	Roll No.:	<i>D.H.Chhed</i>
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHHEDA DEEP HARSHAD	Mother's Name: VAISHALI	Gender: Male
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Name in Vernacular Language: छेडा दीप हर्षद

Address: SANTOSHI BHAVAN, ROOM NO.2, 1ST FLOOR, BHATWADI, GANESH CHOWK, KISAN NAGAR NO.3, ROAD NO.16, WAGLE ESTATE,

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

Telephone no.:	Mobile no: 919987273767	Email : deepcheda0029@gmail.com
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DOB: May 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121259 (Status: Pass)
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Exam form appearance type: Fresher

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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Manish Jain

PRN: 2018016402041865	Eligibility Status: Provisional	Examination form No.: 067612 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN MANISHCHANDRA SURESH	Mother's Name: VIMLA	Gender: Male
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Name in Vernacular Language: Manishchandra
--

Address: Pushpagandha bldg A/5 shreenagar thane (W) 400604 Smw blgd room no 6 bhatwadi ganesh chowk thane (W) 400604
--

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604
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Telephone no.:	Mobile no: 919833957571	Email : manujain9833@gmail.com
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DOB: Apr 04, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121269 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

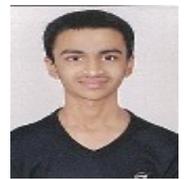
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S. K. Somaiya College of Arts, Science and Commerce (540)

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R.M. Rambhia

PRN: 2018016402041881	Eligibility Status: Eligible	Examination form No.: 067613 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAMBHIA RUSHABH MUKESH	Mother's Name: PREETI	Gender: Male
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Name in Vernacular Language: Rushabh

Address: 403, Shanbhag House Kadwa lane, Jambli Naka Thane(w)

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 917666339871	Email : rushabhrambhia23@gmail.com
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DOB: Nov 23, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121294 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2018016402041962	Eligibility Status: Eligible	Examination form No.: 067614 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR PRIYAL JITESH	Mother's Name: NILIMA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: ठक्कर प्रियल जितेश

Address: 57/11, VRANDAVAN, R.B MEHTA ROAD, GHATKOPAR EAST, MUMBAI-77

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

Telephone no.:	Mobile no: 919773408036	Email : 11priyalthakkar@gmail.com
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DOB: Jun 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121315 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2018016402042025	Eligibility Status: Eligible	Examination form No.: 067615 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GADA MEERA VIMAL	Mother's Name: BHARTI	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: मीरा

Address: 302, Manisha Elite P.K road next to aditi Hospital Mulund west 201, Mehta kunj Raj oil lane, Navrang talkies J.P road Andheri west

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

Telephone no.:	Mobile no: 917718961760	Email : meeragada7@gmail.com
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DOB: Dec 17, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121264 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2018016402042033	Eligibility Status: Eligible	Examination form No.: 067616 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR KHUSHI RAJESH	Mother's Name: KASHMIRA	Gender: Female
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Name in Vernacular Language: ठक्कर खुशी राजेश

Address: A/504 RUNWAL TOWER LBS ROAD MULUND WEST MUMBAI 80
--

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

Telephone no.:	Mobile no: 919324081188	Email : kashmirathakkar30@gmail.com
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DOB: Jul 16, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121314 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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Yash Rajesh Mangaonkar

PRN: 2018016402042064	Eligibility Status: Eligible	Examination form No.: 067617 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANGAONKAR YASH RAJESH	Mother's Name: SAILI	Gender: Male
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Name in Vernacular Language: मणगावकर यश राजेश

Address: A/5, YASHODA GAVANPADA, MULUND(E)
--

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

Telephone no.:	Mobile no: 919967894720	Email : yashmangaonkar05@gmail.com
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DOB: Jan 05, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121278 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

PRN: 2018016402042087	Eligibility Status: Eligible	Examination form No.: 067618 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SALOT RIA KAMLESH	Mother's Name: MANISHA	Gender: Female
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Name in Vernacular Language: स्लॉट रिया कमलेश

Address: C-9/002, VEENA SAGAR, VEENA NAGAR. L.B.S. MARG, MULUND WEST, MUMBAI-400080

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

Telephone no.: Mobile no: 917021329569 Email : kamleshsalot01@gmail.com

DOB: Dec 21, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16) Exam Event: Dec-2020 Seat No: RDP1121297 (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 Fee	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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

PRN: 2018016402042161	Eligibility Status: Eligible	Examination form No.: 067619 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH HITANSHU DEEPAK	Mother's Name: PUNITA	Gender: Male
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Name in Vernacular Language: hitanshu shah
--

Address: 15, Kailash Dhara, R.B. mehta marg, ghatkopar (east), mumbai-400077
--

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

Telephone no.:	Mobile no: 919892371338	Email : boucherserious@gmail.com
----------------	-------------------------	----------------------------------

DOB: Oct 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121301 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

To, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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: 2018016402042176	Eligibility Status: Eligible	Examination form No.: 067620 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SONI PIYUSH MURLI	Mother's Name: SATYABHAMA	Gender: Male
--	---------------------------	--------------

Name in Vernacular Language: सोनी पियुष मुरली

Address: B-501, Shiv Shrishti Residency Adarsh Park, Adarsh park road

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

Telephone no.:	Mobile no: 918600081149	Email : piyushsoni86000@gmail.com
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DOB: Oct 24, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121312 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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Muskan

PRN: 2018016402042203	Eligibility Status: Eligible	Examination form No.: 067621 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KANTHER MUSKAN RAJNEESH	Mother's Name: RENU	Gender: Female
--	---------------------	----------------

Name in Vernacular Language: मुस्कान कांटेड

Address: 1C-143, Kalpataru Aura, LBS Marg, Ghatkopar (West)

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

Telephone no.: 25176517	Mobile no: 919833685154	Email : rajneeshkanther@yahoo.com
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DOB: Aug 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121274 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016402042211	Eligibility Status: Eligible	Examination form No.: 067622 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAISWAR UJALA LALJI	Mother's Name: SHEELA DEVI	Gender: Female
--	----------------------------	----------------

Name in Vernacular Language: जैसवार उजाला लालजी

Address: Milind Nagar, kurla karshed road, house no.20. Near gali no.1 Kurla west Mumbai 400070

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

Telephone no.:	Mobile no: 918356854277	Email : uujalajaiswar555@gmail.com
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DOB: Dec 25, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121270 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016402042273	Eligibility Status: Eligible	Examination form No.: 067624 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AISHWARYA VENKATACHALAPATHI	Mother's Name: MUTHU LAKSHMI	Gender: Female
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Name in Vernacular Language: AISHWARYA VENKATACHALAPATHI
--

Address: MS RB-2 8/15 RAILWAY COLONY, JUINAGAR NAVI MUMBAI
--

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

Telephone no.:	Mobile no: 919004185912	Email : vaishwarya054@gmail.com
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DOB: Mar 11, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121251 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	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 Fee	Exam Form Late Fee	Exam Form Super Late Fee
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Examination Fees	Mark Statement Fee	Total:
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Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Mange

PRN: 2018016402042281	Eligibility Status: Eligible	Examination form No.: 067625 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANGE VIDHI HIRJI	Mother's Name: DAKSHA	Gender: Female
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Name in Vernacular Language:mange vidhi hirji

Address: 503 TADMOR SKYLINE OASIS PREMIER ROAD vidyavihar west
--

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 919821787121	Email : hbmange@yahoo.com
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DOB: May 22, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121279 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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	Date:

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 2021 event.

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

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PRN: 2018016402042482	Eligibility Status: Eligible	Examination form No.: 067626 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KESARI SHRUTHI SUNIL	Mother's Name: RENUKA	Gender: Female
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Name in Vernacular Language: SHRUTHI

Address: PENSION PURA PAKKI KHOLI SINDHI CAMP AKOLA

City: AKOLA, Taluka: Akola, District: Akola, State: Maharashtra, PIN: 444004
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Telephone no.:	Mobile no: 917517080671	Email : SHRUTHIKESARI2000@GMAIL.COM
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DOB: Oct 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121276 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402042725	Eligibility Status: Provisional	Examination form No.: 067627 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TIWARI DIKSHA SUBHASHCHANDRA	Mother's Name: NEEMA	Gender: Female
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Name in Vernacular Language: दिक्षा तिवारी

Address: 15, Santosh Bhavan, Shanti Nagar Road No. 27, Wagle Estate, Thane

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

Telephone no.:	Mobile no: 917900096208	Email : dikshutiwari2906@gmail.com
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DOB: Mar 06, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00255](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1121317 (Status: Pass)
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Exam form appearance type: Fresher

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

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