



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

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PRN: 2013016401726504	Eligibility Status: Eligible	Examination form No.: 270592 	Division/Section: C	Roll No.: 239	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DAIYA AMIT MAHESH</b>	Mother's Name: KALPANA	Gender: Male
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Name in Vernacular Language: दिया अमित महेश

Address: R.NO.-3 SHRE RAM NIWAS SHIVAJI NAGAR,CHECNAKA THANE(W)

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

Telephone no.:	Mobile no: 919930685515	Email :
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DOB: May 28, 1995	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1019121 (Status: Absent)
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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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

### Payment Details:

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2014016401415744	Eligibility Status: Eligible	Examination form No.: 109653 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANCHAL DIVYA VASANTBHAI</b>	Mother's Name: REKHA	Gender: Female
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Name in Vernacular Language: पांचाल दिव्या वसंतभाई

Address: 102,OMKAR DARSHAN,KISAN NAGAR-3,ROAD NO-22,WAGLE ESTATE.

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

Telephone no.: 25803823	Mobile no: 919930023764	Email : panchalshweta01@gmail.com
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DOB: Dec 02, 1995	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7273912 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2014016401417155	Eligibility Status: Eligible	Examination form No.: 270593 	Division/Section: B	Roll No.: 143	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BANG AKSHAY SHYAMSUNDER</b>	Mother's Name: ANITA	Gender: Male
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Name in Vernacular Language: बंग अक्षय श्यामसुन्दर
--

Address: 209/5676 ANITA KUTIR C 90FT ROAD GHATKOPAR EAST
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400075
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Telephone no.: 25083386	Mobile no: 919769737326	Email : akshaybang31@gmail.com
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DOB: May 31, 1996	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1016746 (Status: Absent)
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Exam form appearance type: Repeater
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b>	Place: <b>Vidyavihar</b>
--	--------------------------

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

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



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PRN: 2014016401418603	Eligibility Status: Eligible	Examination form No.: 270594 	Division/Section: F	Roll No.: 689	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>AVLANI KORAL SAMEER</b>	Mother's Name: AMITA	Gender: Female
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Name in Vernacular Language: KORAL
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Address: A 26 KANTA APARTMENT PANTNAGAR
---

City: GHATKOPAR EAST, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075
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Telephone no.:	Mobile no: 919022281157	Email : koral.avlani@gmail.com
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DOB: Oct 03, 1996	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1021615 (Status: Absent)
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Exam form appearance type: Repeater
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

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

Student's Signature

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



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

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PRN: 2015016400319885	Eligibility Status: Eligible	Examination form No.: 270595 	Division/Section: F	Roll No.: 676	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KANHURKAR AATISH ANKUSH</b>	Mother's Name: KUNDA	Gender: Male
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Name in Vernacular Language: कान्हुरकर आतिश अंकुश

Address: SIDDESHWAR CHAWL INDIRA NAGAR NO2 GOLIBAR ROAD

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

Telephone no.:	Mobile no: 918108567587	Email : ATISHKANHURKAR@GMAIL.COM
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DOB: Oct 12, 1995	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1021644 (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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2015016401742181	Eligibility Status: Eligible	Examination form No.: 270596 	Division/Section: D	Roll No.: 478	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAWANT VAIBHAV MUKUNDA</b>	Mother's Name: LILA	Gender: Male
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Name in Vernacular Language: सावंत वैभव मुकुंदा
---

Address: ROOM NO 63, BLDG NO A2, D.G.Q.A. COLONY, JAGDUSHA NAGAR, GOLIBAR ROAD, GHATKOPAR WEST
--

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

Telephone no.:	Mobile no: 918898640532	Email :
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DOB: Aug 11, 1998	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1063517 (Status: Absent)
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Exam form appearance type: Repeater
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83013	Business Economics VI	Th-UA [ ]
2	83016	Export Marketing Paper II	Th-CA [ ]

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

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

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



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PRN: 2015016401884232	Eligibility Status: Eligible	Examination form No.: 270597 	Division/Section: E	Roll No.: 599	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TIWARI NILESH JAI PRAKASH</b>	Mother's Name: NITA	Gender: Male
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Name in Vernacular Language: तिवारी निलेश जी PRAKASH

Address: 21, 3RD FLOOR, BAGU BHAI APT, KOPAR ROAD  
DOMBIVALI WEST,  
THANE 421202

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

Telephone no.: 8130766	Mobile no: 919920858585	Email : rahul_tiwari8585@yahoo.com
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DOB: Feb 16, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Oct-2019	Seat No: RDP3121149 (Status: Absent)
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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	83013	Business Economics VI	Th-UA [ ]

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

### Payment Details:

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

Venue Preference (Code/Name):

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



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

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Prathamesh

PRN: 2016016400202724	Eligibility Status: Eligible	Examination form No.: 109654 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: DAUNDKAR PRATHAMESH CHANDRAKANT	Mother's Name: ALKA	Gender: Male
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Name in Vernacular Language: दांडकर प्रथमेश चंद्रकांत
---

Address: OM SHIV SHAKTI SOCIETY VIKROLI PARKSITE
--

City: VIKROLI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079
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Telephone no.:	Mobile no: 919773896079	Email : PRATHAM26698@GMAIL.COM
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DOB: Jun 25, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014670 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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

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Nikita  
2

PRN: 2016016400215396	Eligibility Status: Eligible	Examination form No.: 270598 	Division/Section: C	Roll No.: 231
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHOTALIYA NIKITA NATVARLAL</b>	Mother's Name: VARSHA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: चोटालिया निकिता नटवरलाल

Address: G-2, BHIMWADI, PALUBAI CHAWL, DR. R.P. ROAD, MULUND (W), MUMBAI - 400080.

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

Telephone no.:	Mobile no: 919833061327	Email : chotaliyanikita26@gmail.com
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DOB: Jun 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1019096 (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	83013	Business Economics VI	Th-UA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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*Shak*

PRN: 2016016400219413	Eligibility Status: Eligible	Examination form No.: 109655 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHALIA ISHA KISHOR</b>	Mother's Name: KIRAN	Gender: Female
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Name in Vernacular Language: भालिया ईशा किशोर

Address: ROOM NO. 1, SHAMJI KARAMSHI WADI, CAMA LANE, KIROL ROAD, GHATKOPAR WEST

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

Telephone no.:	Mobile no: 917506464312	Email : bhaliasha22@gmail.com
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DOB: Jan 06, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014661 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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*Baikar*

PRN: 2016016400219587	Eligibility Status: Eligible	Examination form No.: 270599 	Division/Section: F	Roll No.: 633
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BAIKAR TEJAS UDAY</b>	Mother's Name: URMILA	Gender: Male
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Name in Vernacular Language: TEJAS UDAY BAIKAR

Address: ROOM NO. 315 3/3 K. H. OPP. SOCIETY KATODIPADA BHATWADI GHATKOPAR (W.)

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

Telephone no.:	Mobile no: 918976722652	Email : tejasbaikar1998@gmail.com
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DOB: Apr 04, 1998	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1021618 (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	83013	Business Economics VI	Th-UA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2016016400230217	Eligibility Status: Eligible	Examination form No.: 270600 	Division/Section: C	Roll No.: 229	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHOGALE SACHITA PRAMOD</b>	Mother's Name: RESHMA	Gender: Female
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Name in Vernacular Language: चोगले सचिता प्रमोद

Address: AADARSH CHAL NO 01 ROOM 05 DIVA AAGASAN ROAD DIVA E

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

Telephone no.:	Mobile no: 918692841168	Email : pote.school@yahoo.com
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DOB: May 28, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1019093 (Status: Absent)
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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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2016016400288271	Eligibility Status: Eligible	Examination form No.: 270601 	Division/Section: A	Roll No.: 64
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MOHITE SAYLI RAJENDRA</b>	Mother's Name: REEMA	Gender: Female
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Name in Vernacular Language: MOHITE SAYLI RAJENDRA

Address: A 1 CHIRANTAN SHIVSHRUSHTI

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

Telephone no.: 25228006	Mobile no: 917718804201	Email : mohitesayli23@gmail.com
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DOB: Nov 27, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1018028 (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	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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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: 2016016400288402	Eligibility Status: Eligible	Examination form No.: 109656 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>LATHIYA RAVI GOKUL BHAI</b>	Mother's Name: KALPANA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: लथिया रवी गोकुल भाई
--

Address: 4, A WING PANTNAGER, GHATKOPAR MUMBAI 400075
---

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

Telephone no.:	Mobile no: 917303024485	Email : LATHIYARAVI049@GMAIL.COM
----------------	-------------------------	----------------------------------

DOB: Mar 16, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7273929 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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### 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: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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*Handwritten signature*

PRN: 2016016400288425	Eligibility Status: Eligible	Examination form No.: 270602 	Division/Section: F	Roll No.: 685
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>HARIA NIEL HARAKHCHAND</b>	Mother's Name: TARAMATI	Gender: Male
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Name in Vernacular Language: हरिया निेल हराकचंद
---

Address: 21-B 11 ASHOK NAGAR KALYAN ROAD BHIWANDI
---

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

Telephone no.:	Mobile no: 918237757871	Email : HARIA861@GMAIL.COM
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DOB: Aug 03, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1021637 (Status: Fail)
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Exam form appearance type: Repeater
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

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

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

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

PRN: 2016016400288433	Eligibility Status: Eligible	Examination form No.: 270603 	Division/Section: D	Roll No.: 461
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAIMANGYA MITESH RAJESH</b>	Mother's Name: RAJESHWARI	Gender: Male
--	---------------------------	--------------

Name in Vernacular Language: रैमंग्या मितेश राजेश
---

Address: A/2 MAHESH KRUPA DEVIDAYAL ROAD MULUND (WEST)
--

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

Telephone no.:	Mobile no: 919819088971	Email : ruchikothari86@yahoo.co.in
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DOB: Nov 11, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1020487 (Status: Fail)
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Exam form appearance type: Repeater
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83013	Business Economics VI	Th-UA [ ]

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2016016400288897	Eligibility Status: Eligible	Examination form No.: 270604 	Division/Section: A	Roll No.: 59
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAISWAL JYOTI VISHWAMBHARNATH</b>	Mother's Name: VIMLA	Gender: Female
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Name in Vernacular Language: जैस्वाल ज्योती विश्वम्भरनाथ

Address: 5/B, GROUND FLR, SHIV TIRTH APT., SHANI NAGAR.

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

Telephone no.:	Mobile no: 918983380651	Email : jyoti.jj09@gmail.com
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DOB: Jul 09, 1996	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1017682 (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	83013	Business Economics VI	Th-UA [ ]

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

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

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

Venue Preference (Code/Name):

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

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



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PRN: 2016016400288924	Eligibility Status: Eligible	Examination form No.: 270605 	Division/Section: A	Roll No.: 124	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MEISHERI MANISH CHARUL</b>	Mother's Name: NAGMA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: मेईशेरी मनीष चारुल
---

Address: CHEMBUR
------------------

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

Telephone no.:	Mobile no: 918879811501	Email :
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DOB: May 03, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2C00145](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1185192 (Status: Fail)
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Exam form appearance type: Repeater
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83020	Computer systems and Applications Paper II	Th-CA [ ]

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

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



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PRN: 2016016400303396	Eligibility Status: Eligible	Examination form No.: 109657 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>IRANI ZAINAB NOSHIR</b>	Mother's Name: TASNEEM	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: **इरानब नॉशिर इराणी**

Address: 1/24, VINAYAK BHAVAN, NEAR PRATAP CINEMA, KOLBAD ROAD

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

Telephone no.:	Mobile no: 919773394093	Email : ZAINABIRANI@GMAIL.COM
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DOB: Jul 20, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Mar-2018	Seat No: 0889008 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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*Pooja*

PRN: 2016016400303783	Eligibility Status: Eligible	Examination form No.: 270606 	Division/Section: B	Roll No.: 113
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAKHELIA POOJA BIPIN BINABEN</b>	Mother's Name: BINABEN	Gender: Female
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Name in Vernacular Language: जाखेलिया पूजा बिपीन बिनाबेन
--

Address: ROOM NO -3, RAMAADHAR YADAV CHAWL, HANUMAN NAGAR, PRATAP NAGAR ROAD, BHANDUP (WEST)
--

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

Telephone no.:	Mobile no: 918655282396	Email : poojakhelia2017@gmail.com
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DOB: Sep 21, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1016764 (Status: Fail)
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Exam form appearance type: Repeater
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83013	Business Economics VI	Th-UA [ ]

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

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

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



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PRN: 2016016400303984	Eligibility Status: Eligible	Examination form No.: 270607 	Division/Section: C	Roll No.: 261	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GADA PALAK NILESH</b>	Mother's Name: JAYSHREE	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: गडा पालक Nilesh

Address: 103, PRINCE APT, NAVROJI LANE, GHATKOPAR WEST, MUMBAI-400086.

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

Telephone no.: 25162297	Mobile no: 919769670869	Email : palakgada1@gmail.com
-------------------------	-------------------------	------------------------------

DOB: Apr 09, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1016690 (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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83013	Business Economics VI	Th-UA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

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



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*Vishwasrao*

PRN: 2016016400304136	Eligibility Status: Eligible	Examination form No.: 270608 	Division/Section: E	Roll No.: 611
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VISHWASRAO MAYUR RAVICHANDRA</b>	Mother's Name: RAJASHREE	Gender: Male
---	--------------------------	--------------

Name in Vernacular Language: VISHWASRAO MAYUR RAVICHANDRA
---

Address: 43B /44 THANE MADHUBAN CHS BRINDAVAN SOCIETY THANE [W]
---

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

Telephone no.:	Mobile no: 919867968439	Email : mayurvr1998@gmail.com
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DOB: Jun 30, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II [2C00532](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1245365 (Status: Pass)
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Exam form appearance type: Repeater
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]

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

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

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



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

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

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PRN: 2016016400304167	Eligibility Status: Eligible	Examination form No.: 270609 	Division/Section: F	Roll No.: 645	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAISWAL ANJALI AJAY</b>	Mother's Name: MAMTA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: ANJALI AJAY JAISWAL
--

Address: 5/6 SHRADHA SHANTI SOC BHARAT NAGAR VIKHROLI EAST
--

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

Telephone no.:	Mobile no: 919321491006	Email :
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DOB: May 31, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1017055 (Status: Fail)
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Exam form appearance type: Repeater
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83016	Export Marketing Paper II	Th-CA [ ]

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

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

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



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Yash . S. Doshi

PRN: 2016016400327271	Eligibility Status: Eligible	Examination form No.: 270610 	Division/Section: C	Roll No.: 256
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DOSHI YASH SURYAKANT</b>	Mother's Name: HARSHA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: DOSHI YASH SURYAKANT
---

Address: B/304 , SHIV OM SHAKTI CHG , SHIV MANDIR ROAD , RAM NAGAR , DOMBIVALI - EAST
---

City: CITY, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
--

Telephone no.: 2438345	Mobile no: 918082290351	Email : Yashsdoshi29@gmail.com
------------------------	-------------------------	--------------------------------

DOB: May 29, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1019212 (Status: Fail)
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Exam form appearance type: Repeater
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**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Venue Preference (Code/Name):

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

**Declaration by Principal/HOD/Chairperson**

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2016016400327433	Eligibility Status: Eligible	Examination form No.: 270611 	Division/Section: A	Roll No.: 02
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NAYANTHARA BALAGOPAL</b>	Mother's Name: SEEJA	Gender: Female
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Name in Vernacular Language: नयनतारा बालगोपाल

Address: B-306, ECO HEIGHTS, CHURCH ROAD, MAROL

City: ANDHERI EAST, Taluka: Andheri, District: Mumbai Suburban, State: Maharashtra, PIN: 400059

Telephone no.:	Mobile no: 919892612100	Email : nayanthara406@gmail.com
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DOB: Jul 09, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1017176 (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	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
2	83013	Business Economics VI	Th-UA [ ]

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

### Payment Details:

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

Venue Preference (Code/Name):

### To, 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: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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

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*Manjrekar*

PRN: 2016016400327657	Eligibility Status: Eligible	Examination form No.: 270612 	Division/Section: E	Roll No.: 625
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MANJREKAR NIKITA YESAJI</b>	Mother's Name: RAJSHREE	Gender: Female
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Name in Vernacular Language: मंजरेकर निकिता येसाजी

Address: 3/5, RAIGAD SOCIETY, OPP. DURGAMATA SCHOOL, KOKAN NAGAR ROAD, UTKARSH NAGAR, BHANDUP WEST.

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

Telephone no.:	Mobile no: 919004314526	Email : raj07101973@gmail.com
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DOB: Nov 19, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1019985 (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	83013	Business Economics VI	Th-UA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2016016400327696	Eligibility Status: Eligible	Examination form No.: 270613 	Division/Section: E	Roll No.: 581	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TANK RUPAL MANOJ</b>	Mother's Name: NAYNA	Gender: Female
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Name in Vernacular Language: टॅंक रूपल मनोज

Address: B/5 PARADISE BUILDING, 1ST FLOOR, SHANTI NAGAR, WAGLE ESTATE, THANE(W), ROAD NO-27

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

Telephone no.:	Mobile no: 918286424829	Email : VISHAKHA.GUNJAL.1@GMAIL.COM
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DOB: Oct 22, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1056320 (Status: Absent)
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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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*RAO*

PRN: 2016016400327874	Eligibility Status: Eligible	Examination form No.: 270614 	Division/Section: D	Roll No.: 465
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAO AKSHITA HRIDAYSHANKAR</b>	Mother's Name: PUSHPA	Gender: Female
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Name in Vernacular Language: अक्षिता राव
--

Address: A WING 304 SURAJ ENCLAVE PLOT NO 17D/3 SEC-20 AIROLI NAVI MUMBAI
---

City: AIROLI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400708
---

Telephone no.:	Mobile no: 919987053874	Email : akkirao.awsum@gmail.com
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DOB: Sep 25, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1020525 (Status: Fail)
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Exam form appearance type: Repeater
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2016016400384912	Eligibility Status: Eligible	Examination form No.: 270615 	Division/Section: F	Roll No.: 687	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH HARITA VANDANA</b>	Mother's Name: VANDANA	Gender: Female
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Name in Vernacular Language: शह हरित वन्दना
---

Address: D-14/103 CHITTRANJAN NAGAR RAJAWADI ROAD VIDYAVIHAR EAST
---

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

Telephone no.:	Mobile no: 918424871771	Email : haritashah1002@gmail.com
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DOB: Feb 10, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415761 (Status: ATKT)
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Exam form appearance type: Repeater
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2016016400385103	Eligibility Status: Eligible	Examination form No.: 270616 	Division/Section: F	Roll No.: 681	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHETH PARTH SANJAY</b>	Mother's Name: SEEMA	Gender: Male
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Name in Vernacular Language: Sheth parth sanjay
---

Address: BLDG NO 311/701 PANT NAGAR GHATKOPAR (EAST) MUMBAI 400075
--

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

Telephone no.:	Mobile no: 919930346250	Email : Parthsheth2311@gmail.com
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DOB: Sep 22, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0415862 (Status: ATKT)
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Exam form appearance type: Repeater
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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*Pawar*

PRN: 2016016400385277	Eligibility Status: Eligible	Examination form No.: 270617 	Division/Section: D	Roll No.: 446
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PAWAR RUTUJA VISHWAS</b>	Mother's Name: VISHAKHA	Gender: Female
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Name in Vernacular Language: पवार ऋतुजा विश्वास

Address: ROOM NO 6 , CHAWL NO 1 , SHIVAJI COLONY , KOLSHEWADI , KALYAN EAST

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

Telephone no.: Mobile no: 918655351731 Email : rutujapawar.rp111@gmail.com

DOB: Dec 08, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16) Exam Event: Mar-2019 Seat No: RDP1020401 (Status: Fail)

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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]

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

Mark Statement Fee Total:

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

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

### Declaration by Principal/HOD/Chairperson

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



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*Akhay*

PRN: 2016016400385544	Eligibility Status: Eligible	Examination form No.: 270618 	Division/Section: F	Roll No.: 674
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHETMAL AKSHAY PRAKASH</b>	Mother's Name: JYOTI	Gender: Male
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Name in Vernacular Language: अक्षय प्रकाश खेतमाळ
--

Address: 22/B/006 VANDE MATARAM C.H.S, MHADA COLONY, CHANDIVALI.
--

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

Telephone no.:	Mobile no: 918692946529	Email : akshaykhetmal242@gmail.com
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DOB: Jan 23, 1999	Category: Reserved (SBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1021646 (Status: Fail)
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Exam form appearance type: Repeater
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83014	Commerce VI	Th-UA [ ]

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

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

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



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*Panchal*

PRN: 2016016400385881	Eligibility Status: Eligible	Examination form No.: 109658 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANCHAL DHAVANIBEN JAGDISH</b>	Mother's Name: JYOSTNABEN	Gender: Female
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Name in Vernacular Language: पांचाळ धांवणिबेन जगदीश

Address: 14/428, TAGORE NAGAR, VIKROLI EAST

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

Telephone no.: Mobile no: 917718077675 Email : panchaldhwani896@gmail.com

DOB: Aug 06, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem II(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7190066 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

Mark Statement Fee Total:

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

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:		



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

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Reshma

PRN: 2016016400407816	Eligibility Status: Eligible	Examination form No.: 270619 	Division/Section: C	Roll No.: 273
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GHANCHI RESHMA JUMMA</b>	Mother's Name: SAKINA	Gender: Female
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Name in Vernacular Language: घांची रेश्मा जुम्मा

Address: NEW MADNI STORE NEAR ANJUMAN SHAIDA-E- MUSTAFA MADRASA, ROOM NO. 174 LIYAKAT ALI CHAWL , AZAD NAGAR, GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919821085163	Email : reshmaparmar1001@gmail.com
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DOB: Mar 26, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1019310 (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	83013	Business Economics VI	Th-UA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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PRN: 2016016400407921	Eligibility Status: Eligible	Examination form No.: 270620 	Division/Section: B	Roll No.: 134
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KARWAT BHAVIK DEEPAK</b>	Mother's Name: DIMPLE	Gender: Male
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Name in Vernacular Language: करवत भाविक दिपक

Address: 17/18 , LAXMI BHUVAN , OGHADBHAI LANE , M.G.ROAD , GHATKOPAR(E)  
MUMBAI-400077

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

Telephone no.:	Mobile no: 919987847041	Email : karwatbhavik@gmail.com
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DOB: Jun 11, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1016771 (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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Patel*

PRN: 2016016400407967	Eligibility Status: Eligible	Examination form No.: 270621 	Division/Section: D	Roll No.: 436
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL BHAGYASHREE RAJESH</b>	Mother's Name: KALPANA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: पटेल भाग्यश्री राजेश

Address: B12, ABHINAV KUTTIR, HANS NAGAR, KHOPAT, THANE WEST

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

Telephone no.: Mobile no: 918424961883 Email : bhagyashreepatel191@gmail.com

DOB: Nov 04, 1997 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16) Exam Event: Mar-2019 Seat No: RDP1020321 (Status: Fail)

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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]

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

Mark Statement Fee Total:

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, 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:		



# University of Mumbai, Mumbai

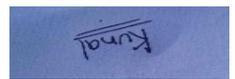
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PRN: 2016016400430096	Eligibility Status: Eligible	Examination form No.: 270622 	Division/Section: E	Roll No.: 589
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR KUNAL KAMLESH</b>	Mother's Name: CHETNA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: ठक्कर कुणाल कमलेश
--

Address: 703/C, SHREE OM SRISHTRI, DIN DAYAL UPADHAY MARG, MULUND - WEST
--

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

Telephone no.:	Mobile no: 919833329822	Email : kthakkar70337@gmail.com
----------------	-------------------------	---------------------------------

DOB: Feb 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1021154 (Status: Fail)
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Exam form appearance type: Repeater
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83016	Export Marketing Paper II	Th-CA [ ]

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

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2016016400430115	Eligibility Status: Eligible	Examination form No.: 270623 	Division/Section: A	Roll No.: 52	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHETH MANALI TAPAN</b>	Mother's Name: SMITA	Gender: Female
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Name in Vernacular Language: SHETH MANALI TAPAN
---

Address: B-8, SELARKA SADAN, 1ST FLOOR, DR. M.P. VAIDYA MARG, TILAK ROAD, GHATKOPAR (EAST), RAJAWADI, MUMBAI, MAHARASHTRA-400077
--

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

Telephone no.: 21024360	Mobile no: 919167176082	Email : manalisheth.1610@gmail.com
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DOB: Oct 16, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1018539 (Status: Fail)
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Exam form appearance type: Repeater
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83013	Business Economics VI	Th-UA [ ]

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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

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*Kamble*

PRN: 2016016400430564	Eligibility Status: Eligible	Examination form No.: 270624 	Division/Section: D	Roll No.: 339
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KAMBLE PRATHMESH MANOHAR</b>	Mother's Name: SUPRIYA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: कांबळे प्रथमेश मनोहर

Address: ALFRED D'MELLO HOUSE, ROOM NO. 2, KIROL VILLAGE, VIDYAVIHAR WEST, MUMBAI

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

Telephone no.: Mobile no: 919987624606 Email :

DOB: Aug 18, 1997 Category: Reserved (SC) Physically Handicap: No

Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16) Exam Event: Mar-2019 Seat No: RDP1019668 (Status: Fail)

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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

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Place: **Vidyavihar**  
Date:

Student's Signature

**Declaration by Principal/HOD/Chairperson**

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



# University of Mumbai, Mumbai

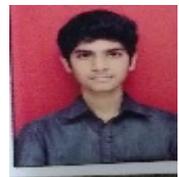
<http://mum.digitaluniversity.ac/>

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

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

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PRN: 2016016400430742	Eligibility Status: Eligible	Examination form No.: 270625 	Division/Section: D	Roll No.: 361	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: KHOCHARE ONKAR BHALCHANDRA	Mother's Name: BHARTHI	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: खोचरे ऑंकार भालचंद्र
---

Address: ROOM NO. 9, SMITA NIWAS, GURAV COMPUND, UTKARSHA NAGAR, BHANDUP WEST
---

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

Telephone no.:	Mobile no: 919664385369	Email : pradnya.khochare3@gmail.com
----------------	-------------------------	-------------------------------------

DOB: Aug 26, 1998	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1019853 (Status: Absent)
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Exam form appearance type: Repeater
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2016016400505826	Eligibility Status: Eligible	Examination form No.: 109659 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH HARSH JAYESH</b>	Mother's Name: CHHAYA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: शाह हर्ष जयेश
--

Address: B-11 , 104 , 1ST FLOOR , VEENA SADAN SOCIETY , VEENA NAGAR , MULUND WEST , L B S MARG , NEAR BANK OF BARODA , MUMBAI
---

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

Telephone no.: 9619985448	Mobile no: 919619985448	Email : SHAHJAYESH004@GMAIL.COM
---------------------------	-------------------------	---------------------------------

DOB: Dec 18, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7190013 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:  Student's Signature
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### 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.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2016016401501732	Eligibility Status: Eligible	Examination form No.: 270626 	Division/Section: F	Roll No.: 692
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHEDEKAR POONAM ASHOK</b>	Mother's Name: VANDANA	Gender: Female
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Name in Vernacular Language: खेडेकर पूनम अशोक

Address: ROOM NO. 16, CHAWL NO. 382, PAUL PEREIRA CHAWL, HALL VILLAGE, BHARAT NAGAR

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

Telephone no.:	Mobile no: 919819769818	Email : POONAMKHEDEKAR26@GMAIL.COM
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DOB: Jul 30, 1996	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1021645 (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	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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Jenish

PRN: 2016016401826404	Eligibility Status: Eligible	Examination form No.: 270627 	Division/Section: C	Roll No.: 227	<i>Jenish</i>
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHAVDA JENISH KALPESHBHAI</b>	Mother's Name: MANISHABEN	Gender: Male
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Name in Vernacular Language: JENISH
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Address: 170/4755 NAYDU COLONY , PANTNAGAR
--

City: GHATKOPAR, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075
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Telephone no.:	Mobile no: 917666387744	Email : JENISHCHAVDA2212@GMAIL.COM
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DOB: Dec 22, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1016504 (Status: Absent)
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Exam form appearance type: Repeater
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83013	Business Economics VI	Th-UA [ ]

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

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

PRN: 2016016401890005	Eligibility Status: Eligible	Examination form No.: 109660 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: SAHAHNI SANDHYA ISHWAR	Mother's Name: SAROJ	Gender: Female
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Name in Vernacular Language: साहनी संध्या ईश्वर
---

Address: JINDAL COLONY NO 2 SANGAM BUILDING ROOM NO D49 VASIND
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 421601
--

Telephone no.: 696282	Mobile no: 910727618320	Email : SAHANISANDHYA438@GMAIL.COM
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DOB: Jun 17, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7273910 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83038	Purchasing and Store keeping Paper II	Th-CA [ ]

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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*Shibe Krutika*

PRN: 2016016401974197	Eligibility Status: Eligible	Examination form No.: 270628 	Division/Section: F	Roll No.: 655
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHIBE KRUTIKA BALKRISHNA</b>	Mother's Name: KALPANA	Gender: Female
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Name in Vernacular Language: शिबे कृतिका बाळकृष्ण

Address: OPP. SARGAM APART. NITYANAND BAUG ROAD, MANGAL CHS, RAM TEKDI, CHEMBUR COLONY

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

Telephone no.:	Mobile no: 917506095301	Email : SHIBEKRUTIKA@GMAIL.COM
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DOB: Jul 27, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1021672 (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	83013	Business Economics VI	Th-UA [ ]

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2017016400125592	Eligibility Status: Eligible	Examination form No.: 109661 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: SAHU DEEPAK RAJENDRAPRASAD	Mother's Name: MINATEE	Gender: Male
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Name in Vernacular Language: साहू दीपक राजेंद्रप्रसाद
---

Address: ROOM NO-21, ZAITUNBAI CHAWL-25/Z, L.B.S. MARG, NEAR HUNUMAN MANDIR, NAUPADA, KURLA (WEST), MUMBAI-400070.
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070
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Telephone no.:	Mobile no: 918779829043	Email : AVENGER1346@GMAIL.COM
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DOB: Apr 12, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7273962 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2017016400665181	Eligibility Status: Eligible	Examination form No.: 109662 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ACHAREKAR ESHAN SANTOSH</b>	Mother's Name: SHUBHANGI	Gender: Male
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Name in Vernacular Language: आचरेकर इशान संतोष

Address: B-9 BHAGAWATI CHS MITHAGAR ROAD MULUND EAST

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

Telephone no.:	Mobile no: 918689919395	Email : ESHANACHAREKAR@GMAIL.COM
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DOB: Oct 26, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7263468 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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*Choudhary*

PRN: 2017016400839897	Eligibility Status: Eligible	Examination form No.: 270629 	Division/Section: A	Roll No.: 26
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHOUHARY MANISHA KUPARAM</b>	Mother's Name: PYARIDEVI	Gender: Female
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Name in Vernacular Language: चौधरी मनीषा कुपाराम

Address: e-151, cidco colony, sector-3, airoli, navi mumbai e-151, cidco colony, sector-3, airoli, navi mumbai

City: navi mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400078

Telephone no.:	Mobile no: 917045758652	Email : choudharyanisha73@gmail.com
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DOB: Apr 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1019273 (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	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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*Kunal*

PRN: 2017016400840131	Eligibility Status: Eligible	Examination form No.: 270630 	Division/Section: F	Roll No.: 676
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MEHTA KUNAL BASANTILAL</b>	Mother's Name: VANITA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: मेहता कुणाल BASANTILAL

Address: ROOM NO.2, RATNABAI SADAN PIPELINE, SAKINAKA MUMBAI

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

Telephone no.:	Mobile no: 918108440406	Email : mehta.abhishek95@yahoo.com
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DOB: Apr 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1020851 (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	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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

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PRN: 2017016400840301	Eligibility Status: Eligible	Examination form No.: 109663 	Division/Section:	Roll No.:	<i>Vishal</i>
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MOTA VISHAL CHETAN</b>	Mother's Name: PREETI	Gender: Male
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Name in Vernacular Language: VISHAL
-------------------------------------

Address: 501/SAI MAMTA BUILDING SHIVAJI NAGAR WAGLE ESTATE
--

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604
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Telephone no.:	Mobile no: 919833077176	Email : Motavishal000@gmail.com
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DOB: Dec 04, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7343311 (Status: ATKT)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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Mehul

PRN: 2017016400840371	Eligibility Status: Eligible	Examination form No.: 109664 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SATRA MEHUL KISHOREBHAI</b>	Mother's Name: BHARTI	Gender: Male
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Name in Vernacular Language: Gujarati
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Address: Lakhapur No No
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City: Lakhapur, Taluka: Bhuj, District: Kachchh, State: Gujarat, PIN: 370425
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Telephone no.:	Mobile no: 919773025683	Email : mehulsatra27@gmail.com
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DOB: Dec 27, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7343356 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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PRN: 2017016400840525	Eligibility Status: Eligible	Examination form No.: 109665 	Division/Section: 6	Roll No.: 783
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAKPAL SHUBHANGI PANDURANG</b>	Mother's Name: ANITA	Gender: Female
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Name in Vernacular Language: सकपाळ शुभांगी पांडुरंग

Address: ASHTHVINAYAK SOC. RAMNAGAR DUCK LINE GOLIBAR ROAD AMRUT NAGAR GHATKOPAR W

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

Telephone no.:	Mobile no: 917506098955	Email : dtechacademy@gmail.com
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DOB: Dec 07, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7190245 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400841022	Eligibility Status: Eligible	Examination form No.: 109666 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KARIA UNNATI RAKESH</b>	Mother's Name: CHHAYA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: कार्य उन्नती राकेश

Address: B -6 ASHAPURA APARTMENT GROUND FLOOR NEW MANEKLAL GHATKOPAR WEST NEAR ARY SAMAJ HALL

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

Telephone no.:	Mobile no: 919819107008	Email : kariaunnati1605@gmail.com
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DOB: May 16, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7273918 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400841424	Eligibility Status: Eligible	Examination form No.: 109667 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GADHAVI ANAND MURU</b>	Mother's Name: LACCHHIBAI	Gender: Male
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Name in Vernacular Language: गढवी आनंद मुरु
---

Address: PLOT NO.50/T/A/13 ROAD NO.6,SHIVAJI NAGAR GOVANDI
--

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

Telephone no.:	Mobile no: 917710832578	Email : gadhavi.a100@gmail.com
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DOB: Mar 02, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7263495 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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PRN: 2017016400841842	Eligibility Status: Eligible	Examination form No.: 109668 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ZOTA KALP BHARAT KUMAR</b>	Mother's Name: SHANTA BEN	Gender: Male
---	---------------------------	--------------

Name in Vernacular Language: <b>डॉ. कल्प भारत कुमार जोटा</b>
--

Address: ROOM NO 8 , BUILDING NO 121/B GOVARDHANDHAM , VALABHLANE GARODIA NAGAR, GHATKOPAR EAST
---

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

Telephone no.:	Mobile no: 919619759799	Email : VBZDESIGNS@GMAIL.COM
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DOB: May 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283668 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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





# University of Mumbai, Mumbai

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

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PRN: 2017016400843381	Eligibility Status: Eligible	Examination form No.: 109670 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHANDRA NIRAL BHANJI</b>	Mother's Name: GEETA	Gender: Female
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Name in Vernacular Language: niral
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Address: RH-2 ,L-38 SECTOR-6,Vashi,Navi Mumbai RH-2 ,L-38 SECTOR-6,Vashi,Navi Mumbai
--

City: vashi, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703
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Telephone no.:	Mobile no: 917045771919	Email : niralchandra44@gmail.com
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DOB: May 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7263471 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2017016400843396	Eligibility Status: Eligible	Examination form No.: 109671 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RONGHE MAYURI SUNILRAO</b>	Mother's Name: SUNITA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: रोंघे मयुरी सुनील
--

Address: ROOM NO. 10 RAJENDRA YADAV CHAWL, L.B.S MARG CHIRAGNAGAR GHATKOPAR- WEST
---

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

Telephone no.:	Mobile no: 919819067093	Email : MAYURIRONGHE18@GMAIL.COM
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DOB: Oct 22, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014652 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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PRN: 2017016400843632	Eligibility Status: Eligible	Examination form No.: 109672 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANDEY PRAKASH UPENDRA</b>	Mother's Name: POONAM	Gender: Male
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Name in Vernacular Language: पांडे प्रकाश उपेंद्र

Address: 142/NAVJEEVAN CHS, DARGA ROAD KHINDIPADA

City: MULUND, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400082

Telephone no.:	Mobile no: 918097211331	Email : pratikpathare18610@gmail.com
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DOB: May 02, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7273914 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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PRN: 2017016400843872	Eligibility Status: Eligible	Examination form No.: 109673 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GUPTA AAKASH KUMAR PRADEEPKUMAR</b>	Mother's Name: SHAKUNTALA DEVI	Gender: Male
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Name in Vernacular Language: गुप्ता आकाश कुमार प्रदीपकुमार
--

Address: NEAR SAI MANDIR 2/14, SAI SHRADHA CHAWL, HANUMAN GALLI ROAD, KANJUR MARG EAST
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400042
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Telephone no.:	Mobile no: 919867205693	Email : guptaaakash9867@gmail.com
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DOB: Apr 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7343358 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

PRN: 2017016400844202	Eligibility Status: Eligible	Examination form No.: 109674 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BORHADE NISHIGANDHA VIJAY</b>	Mother's Name: SHAILA	Gender: Female
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Name in Vernacular Language: बोर्हाडे निशिगंधा विजय

Address: Near Saibaba Mandir, R N D-11, New Dayasagar M Sangh, Bhatwadi, Ghatkopar W

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

Telephone no.:	Mobile no: 918291473425	Email : nishigandhaborhade143@gmail.com
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DOB: Dec 22, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7290664 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Handwritten signature*

PRN: 2017016400844891	Eligibility Status: Eligible	Examination form No.: 109675 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANCHAL RAJ VASANT</b>	Mother's Name: SHILPA	Gender: Male
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Name in Vernacular Language: पंचाल राज वसंत
---

Address: 10,PITRUCHAYA BLDG, KISAN NAGAR-1, THANE-400604
--

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

Telephone no.:	Mobile no: 919821345808	Email : panchalraj.1999@gmail.com
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DOB: Oct 11, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235958 (Status: Fail)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2017016400845631	Eligibility Status: Eligible	Examination form No.: 270631 	Division/Section: D	Roll No.: 458
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL KUNAL NANJI</b>	Mother's Name: JASU	Gender: Male
--	---------------------	--------------

Name in Vernacular Language: पटेल कुनाल नान्जी

Address: 205,GURU NIWAS KISAN NAGAR 2, WAGALE ESTATE THANE

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

Telephone no.:	Mobile no: 918450931832	Email : kp5075731@gmail.com
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DOB: May 29, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1017881 (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	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Nikesh*

PRN: 2017016400846015	Eligibility Status: Eligible	Examination form No.: 270632 	Division/Section: F	Roll No.: 648
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JHAVERI NIKESH KETAN</b>	Mother's Name: JULIE	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: जवरी निकेश केतन

Address: 271/2 KamalDeep OPP.SION HOSPITAL GATE NO.7 SION WEST

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

Telephone no.: 24076120 Mobile no: 919699666592 Email : nikesh.k.jhaveri@gmail.com

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

Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16) Exam Event: Apr-2020 Seat No: RDP1020824 (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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

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

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

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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*Dishi*

PRN: 2017016400847193	Eligibility Status: Eligible	Examination form No.: 109676 	Division/Section:	Roll No.:
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: <b>DAMA VIDHI HITESH</b>	Mother's Name: DEEPA	Gender: Female
Name in Vernacular Language: DEEPA		
Address: Narayan Nathu Bhavsar Chawl no.1, Room no. 1 kajuwadi ghatkopar west, mumbai-400086		
City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 919702868690	Email : vidhidama99@gmail.com
DOB: Aug 06, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7263456 (Status: Pass)
Exam form appearance type: Fresher		

Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )			
SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

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

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

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

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

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



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

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PRN: 2017016400847243	Eligibility Status: Eligible	Examination form No.: 109677 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: GIRI HETAL PUNEET	Mother's Name: VIBHA	Gender: Female
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Name in Vernacular Language: हेतल पुनीत गिरी
--

Address: 146/282, NETAJI CHOWK MULUND COLONY, MULUND (W)
--

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

Telephone no.:	Mobile no: 917738483546	Email : RONAKGIRI66@YAHOO.COM
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DOB: Oct 31, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235752 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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

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PRN: 2017016400848946	Eligibility Status: Eligible	Examination form No.: 109678 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KATARIA AMI ASHOK</b>	Mother's Name: PALLAVI	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: कतरिया अमी अशोक
--

Address: b36 2/10 someshwar society mg complex sector14 vashi navi mumbai
---

City: vashi, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703
--

Telephone no.:	Mobile no: 919833326884	Email : katariaami@gmail.com
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DOB: Oct 25, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014648 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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*Signature*

PRN: 2017016400849234	Eligibility Status: Eligible	Examination form No.: 270633 	Division/Section: A	Roll No.: 34
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GAWADE OMKAR SUBHASH</b>	Mother's Name: MANGAL	Gender: Male
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Name in Vernacular Language: गावडे ओमकार सुभाष

Address: KADAM CHAWL, SAI HILL, T.P. ROAD BHANDUP WEST

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

Telephone no.: Mobile no: 919969213153 Email : omkargawade11111@gmail.com

DOB: Jul 01, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16) Exam Event: Apr-2020 Seat No: RDP1019375 (Status: Fail)

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

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

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

DD No: MICR No: DD Date: Bank:

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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*Neel Jatin Pithadia*

PRN: 2017016400849404	Eligibility Status: Eligible	Examination form No.: 270634 	Division/Section: F	Roll No.: 702
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: PITHADIA NEEL JATIN	Mother's Name: VANDANA	Gender: Male
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Name in Vernacular Language: पिठडिया नील जतीन

Address: ROOM NO 16 SHIV SADAN CHS RAJAWADI ROAD GHATKOPAR EAST

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

Telephone no.:	Mobile no: 918689811040	Email : neel.pithadia007@gmail.com
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DOB: Dec 17, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1020874 (Status: Absent)
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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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Mantana*

PRN: 2017016400849427	Eligibility Status: Eligible	Examination form No.: 109679 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TRIVEDI MANTHAN HITESH</b>	Mother's Name: ASHA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: मन्थन

Address: A/302,SILVER HARMONY CHS NEW MANEKLAL ESTATE GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919821867243	Email : TRIVEDI26MANTHAN@GMAIL.COM
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DOB: Apr 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283641 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*R. Somaiya*

PRN: 2017016400849605	Eligibility Status: Eligible	Examination form No.: 109680 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SONAWANE KRUTIKA SANDEEP</b>	Mother's Name: SUSHAMA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: सोनावणे कृतीका संदीप
---

Address: KRUSHNA KOYNA CHAWL NO 1 ROOM NO 40 MAHARASHTRA NAGAR MANKHURD EAST
--

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

Telephone no.:	Mobile no: 919930105586	Email : krutika8652@gmail.com
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DOB: Oct 29, 1999	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7273939 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

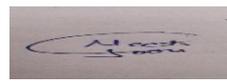
<http://mum.digitaluniversity.ac/>

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

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

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PRN: 2017016400850292	Eligibility Status: Eligible	Examination form No.: 109681 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GORI MEET NANDLAL</b>	Mother's Name: HEMLATA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: meet
-----------------------------------

Address: ROOM NO. 201-202 SAMEER APARTMENT CHITRALAYA
---

City: BOISAR, Taluka: Palghar, District: Palghar, State: Maharashtra, PIN: 401501
---

Telephone no.:	Mobile no: 917798471065	Email : raizada82150@gmail.com
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DOB: Nov 30, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7190179 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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P.P.Doshi

PRN: 2017016400850632	Eligibility Status: Eligible	Examination form No.: 109682 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

### Student's Personal Information

Student's Name: <b>DOSHI PRASHIL PARAS NAYANA</b>	Mother's Name: NAYANA	Gender: Male
Name in Vernacular Language: दोशी प्रशील पारस नयना		
Address: A/36 NILESH BHUVAN GOGRASSWADI GATE DOMBIVLI (EAST) 421201		
City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 919892968840	Email : prashildoshi86@gmail.com
DOB: Jan 02, 1997	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0235720 (Status: ATKT)

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2017016400850694	Eligibility Status: Eligible	Examination form No.: 109683 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PARMAR CHIRAG SANJAY</b>	Mother's Name: VANITA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: पारमार चिराग संजय

Address: ROOM NO.23 4 FLOOR VISHNUCHHAYA BLDG BHATWADI KISAN NAGAR NO.3 WAGLE ESTATE THANE WEST

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

Telephone no.:	Mobile no: 919920526425	Email : chiragsparmar99@gmail.com
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DOB: Dec 18, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283462 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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PRN: 2017016400850713	Eligibility Status: Eligible	Examination form No.: 109684 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHANUSHALI AJAY NARESH</b>	Mother's Name: JAYASHREE	Gender: Male
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Name in Vernacular Language: अजय नरेश भाजुशाळी
--

Address: 1/47 LIMANI BHUVAN SAINATH NAGAR LBS MARG
--

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

Telephone no.:	Mobile no: 918767119955	Email : bhanushalidhiren@gmail.com
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DOB: Feb 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014630 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400850721	Eligibility Status: Eligible	Examination form No.: 109685 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL MAITRY CHUNILAL</b>	Mother's Name: JYOTI	Gender: Female
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Name in Vernacular Language: पटेल मैत्री चुनीलाल
--

Address: B/502, Atlantis Appartment Kasrwadavli G.B Road Thane (W)
--

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

Telephone no.:	Mobile no: 919833231823	Email : maitrypatel13@gmail.com
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DOB: Aug 13, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7273959 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:   Student's Signature
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### 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: 2017016400851063	Eligibility Status: Eligible	Examination form No.: 109686 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RATHOD PRAMILA DEVJI</b>	Mother's Name: ANUSAYA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: राठोड प्रमिला देवजी
--

Address: B.NO-01, ROOM NO-502 R.B.T COLONY V.J.B MARG, NEW CHIKUWADI
--

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

Telephone no.:	Mobile no: 917710870329	Email : pramila521999@gmail.com
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DOB: Feb 05, 1999	Category: Reserved (ST)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7273921 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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





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*Swati*

PRN: 2017016400851353	Eligibility Status: Eligible	Examination form No.: 270635 	Division/Section: A	Roll No.: 108
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TRIVEDI SWATI HARENDRA</b>	Mother's Name: PRITI	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: त्रिवेदी स्वाती हरेंद्र

Address: A/406 JAI LAXMI KRUPA KALYAN ROAD , DOMBIVLI EAST

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

Telephone no.:	Mobile no: 917045091710	Email : swati.h.trivedi@gmail.com
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DOB: Oct 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2C00146](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1020432 (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	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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

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PRN: 2017016401211055	Eligibility Status: Eligible	Examination form No.: 109688 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SOLANKI DIVYA VIJAY</b>	Mother's Name: POONAM	Gender: Female
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Name in Vernacular Language: सोलंकी दिव्य विजय
--

Address: 50/1545,B WING SHREE GANESH PRASAD CHSLTD NEHRU NAGAR, KURLA (EAST)
--

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

Telephone no.: 25241363	Mobile no: 918652500693	Email : divya11solanki@gmail.com
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DOB: May 11, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7343328 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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*U. R. MATHURADAS*

PRN: 2017016401411491	Eligibility Status: Eligible	Examination form No.: 109689 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHANUSHALI URMI MATHURADAS</b>	Mother's Name: SAVITRI	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: भानुशाली उर्मि मथुरादास
--

Address: SULEMAN DAWOOD CHAWL, ROOM NO.5. KAJUWADI GHATKOPAR WEST
---

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

Telephone no.:	Mobile no: 919619796146	Email : URMIBHANUSHALI9@GMAIL.COM
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DOB: Apr 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7190156 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016401411684	Eligibility Status: Eligible	Examination form No.: 109690 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MAV KAJALBEN VASANTLAL</b>	Mother's Name: RAMILABEN	Gender: Female
---	--------------------------	----------------

Name in Vernacular Language: माव काजलबेन वसंतलाल

Address: 407,BLDG NO1, B- WING SETHIYA NAGAR ,90 FEET ROAD MOHILI VILLAGE

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

Telephone no.:	Mobile no: 918108859020	Email : BHANUSHALIKAJAL4@GMAIL.COM
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DOB: Jun 20, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7343333 (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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2017016401411734	Eligibility Status: Eligible	Examination form No.: 109691 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL DARSHIL MUKESH</b>	Mother's Name: KALPANA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: पटेल दर्शील मुकेश
--

Address: G4, SHANTINIKETAN NEAR SAI LILA HALL CHITRANJAN NAGAR, RAJAWADI GHATKOPAR EAST
---

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

Telephone no.:	Mobile no: 918652134007	Email : darshilpateldp19@gmail.com
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DOB: Nov 19, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283466 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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*Thakkar*

PRN: 2017016401412045	Eligibility Status: Eligible	Examination form No.: 109692 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>THAKKAR DRASHTI VIJAY</b>	Mother's Name: HEMA	Gender: Female
Name in Vernacular Language: drashti		
Address: A204 aasman society bhujbal vadi rambaug lane no 2		
City: kalyan, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421301		
Telephone no.:	Mobile no: 918767366693	Email : drashti19@gmail.com
DOB: Nov 19, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7273916 (Status: Pass)
Exam form appearance type: Fresher		

Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )			
SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

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

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

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

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



# University of Mumbai, Mumbai

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

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

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PRN: 2017016401412053	Eligibility Status: Eligible	Examination form No.: 109693 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHUDASAMA AAKASH MUKESHBHAI</b>	Mother's Name: TANUJA	Gender: Male
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Name in Vernacular Language: चुडासमा आकाश मुकेशभाई
--

Address: 32, GURUDATT NIWAS, SHIVAI NAGAR, NEAR GLOBAL TALENT HIGH SCHOOL, THANE, WAGLE I.E., THANE 32, GURUDATT NIWAS, SHIVAI NAGAR, NEAR GLOBAL TALENT HIGH SCHOOL, THANE, WAGLE I.E., THANE
--

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

Telephone no.:	Mobile no: 917303999023	Email : AAKASHCHUDASAMA8@GMAIL.COM
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DOB: Apr 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7190167 (Status: ATKT)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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

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PRN: 2017016401426583	Eligibility Status: Eligible	Examination form No.: 109694 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHANUSHALI ZEEL HARISH</b>	Mother's Name: DIPTI	Gender: Female
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Name in Vernacular Language: <b>भायली जेल हारिश</b>
---

Address: 1 RAMCHANDRA SMURTI JAIHIND COLONY
---

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
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Telephone no.:	Mobile no: 919167464131	Email : zeelhb@gmail.com
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DOB: Apr 14, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014663 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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*Zhalak*

PRN: 2017016401951605	Eligibility Status: Eligible	Examination form No.: 109695 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANCHAL ZHALAK MUKESH</b>	Mother's Name: CHETNA	Gender: Female
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Name in Vernacular Language: मृजराती
--------------------------------------

Address: A/1903 GEMINI HIRANANDANI MEADOWS POKHRON ROAD NO 2 THANE WEST
---

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

Telephone no.:	Mobile no: 917021912084	Email : PZHALAK@GMAIL.COM
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DOB: May 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7343354 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2017016402070917	Eligibility Status: Eligible	Examination form No.: 109696 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATWA SHWETA DILIP</b>	Mother's Name: SUMITA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: श्वेता दिलीप पटवा

Address: ram nagar lal killa shahdev seth chawl

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

Telephone no.:	Mobile no: 918828630635	Email : shanayadsouza287@gmail.com
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DOB: May 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236306 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2017016402758634	Eligibility Status: Eligible	Examination form No.: 109697 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL TANISHAKA ANIL</b>	Mother's Name: RITA	Gender: Female
---	---------------------	----------------

Name in Vernacular Language: पटेल तनिष्का अनिल

Address: JAY LAXMI COMPLEX A WING FLAT NO 405 GAONDEVI ROAD GHATKOPAR WEST

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

Telephone no.:	Mobile no: 917039416593	Email : tanishkapatel04@gmail.com
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DOB: Jan 01, 1900	Category: Reserved (ST)	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0164590 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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

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*Sharma*

PRN: 2017016402758642	Eligibility Status: Eligible	Examination form No.: 109698 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHARMA JAGRUTI KAMAL</b>	Mother's Name: INDRA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: जागृती

Address: 12 RUKHMANI NIWAS KESHAVJI NAGAR BHATTIPADA ROAD BHANDUP WEST

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

Telephone no.:	Mobile no: 917045700795	Email : JAGRUTISHARMA14@GMAIL.COM
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DOB: Aug 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7190260 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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

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*Handwritten signature*

PRN: 2017016402758673	Eligibility Status: Eligible	Examination form No.: 109699 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHARMA HARSHVARDHAN JAGMOHAN</b>	Mother's Name: AMRITA	Gender: Male
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Name in Vernacular Language: शर्मा हर्षवर्धन जगमोहन
---

Address: LAXMI NIWAS ROOM NO 192 NEAR MAHANAGAR CO OP BANK KANNAMWAR NAGAR 2 VIKHROLI EAST
--

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

Telephone no.:	Mobile no: 919224393500	Email : harshvardhansharma3110@gmail.com
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DOB: Oct 31, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0236323 (Status: Fail)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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PRN: 2018016400678236	Eligibility Status: Eligible	Examination form No.: 109700 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL EJAJALI AYAZALI</b>	Mother's Name: SHABANA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: पटेल इजाजली अयजाली

Address: LALLUBHAI COMPOUND BLDG NO.69A ROOM NO.105 VISHALGAD,CO.OP.HAU.SO

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

Telephone no.:	Mobile no: 917977109597	Email : AJAAZ1304@GMAIL.COM
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DOB: Apr 13, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283467 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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PRN: 2018016400906403	Eligibility Status: Eligible	Examination form No.: 109701 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH SAZID SHAMIM</b>	Mother's Name: SABIRA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: शेख सज़िद शमीम
---

Address: AZAD NAGAR GULSHAN-E-BAGDAD MASJID ROOM NO. 24 GHATKOPAR WEST
--

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

Telephone no.:	Mobile no: 919892322739	Email : SHAHIDSHAIKH2197@YAHOO.COM
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DOB: Feb 12, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283576 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400906411	Eligibility Status: Eligible	Examination form No.: 109702 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH MOHD UMAID MOHD AZIM</b>	Mother's Name: KAISER JAHAN	Gender: Male
--	-----------------------------	--------------

Name in Vernacular Language: शेख मोहद उमेद मोहद अझीम
--

Address: 32 10B AZAD NAGAR AKBAR LALA COMPOUND NEAR SALFIYA MASJID D V S ROAD NO 2
--

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

Telephone no.:	Mobile no: 919619044991	Email : UMAIDSHAIKH2905@GMAIL.COM
----------------	-------------------------	-----------------------------------

DOB: May 29, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283567 (Status: ATKT)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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*Ash Roy*

PRN: 2018016400906593	Eligibility Status: Eligible	Examination form No.: 109703 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ROY ASHUTOSH SHANKAR</b>	Mother's Name: NEHA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: रॉय आशुतोष शंकर
--

Address: ROOM NO 3 SHINGREWADI LBS MARG BAIL BAZAR
--

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

Telephone no.:	Mobile no: 918652697477	Email : ASHUTOSHSROY1999@GMAIL.COM
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DOB: Sep 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283518 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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PRN: 2018016400933632	Eligibility Status: Eligible	Examination form No.: 109704 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DUBEY PRACHI PHOOLCHAND</b>	Mother's Name: ASHA DUBEY	Gender: Female
--	---------------------------	----------------

Name in Vernacular Language: प्राची दुबे फूलचंद
---

Address: FLAT NO. A501 AMBER MAHAVIR RESIDENCY CAMA LANE KIROL ROAD GHATKOPAR WEST
--

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

Telephone no.:	Mobile no: 918689940728	Email : DUBEYPRACHI808@GMAIL.COM
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DOB: Oct 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283233 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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*Sejal*

PRN: 2018016400933647	Eligibility Status: Eligible	Examination form No.: 109705 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHUDASAMA SEJAL KAMLESHBHAI</b>	Mother's Name: NAYNABEN	Gender: Female
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Name in Vernacular Language: चुडासामा सेजल कमलेशभाई
---

Address: ROOM NO. 3,1ST FLOOR, LUCKY BLDG., KISAN NAGAR NO.1, WAGLE ESTATE, THANE WEST
--

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

Telephone no.:	Mobile no: 918291343910	Email : sejalchudasama3012@gmail.com
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DOB: Dec 30, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7290666 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Date:
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Student's Signature
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### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016400933663	Eligibility Status: Eligible	Examination form No.: 109706 	Division/Section:	Roll No.: <b>Abika</b>
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GONSALVES ABIKA BERNARD</b>	Mother's Name: AGNES	Gender: Female
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Name in Vernacular Language: गोंसाळवेस अबिका बर्नाई

Address: House No.181,Village Ward 'C', Father Peter Pereira Road, Near Kohinoor Hotel,

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

Telephone no.:	Mobile no: 919867813102	Email : abikagonsalves@gmail.com
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DOB: Jan 09, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283257 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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PRN: 2018016400933671	Eligibility Status: Eligible	Examination form No.: 109707 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHAUHAN RIYA RAJESH</b>	Mother's Name: NEHA	Gender: Female
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Name in Vernacular Language: चौहान रिया राजेश
---

Address: 12/a pankaj -A I.b.s marg ghatkopar west
---

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 918169424827	Email : riyachauhan486@gmail.com
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DOB: Oct 27, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283191 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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R.v.Khona

PRN: 2018016400933686	Eligibility Status: Eligible	Examination form No.: 109708 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: KHONA RAJ VIJAY	Mother's Name: PRAGNA	Gender: Male
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Name in Vernacular Language: खोना राज विजय

Address: 28/3, ANAND VIHAR CHS PANDIT DINDAYAL ROAD, ANAND NAGAR DOMBIVLI WEST

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

Telephone no.:	Mobile no: 919619226950	Email : vijaykhona1974@gmail.com
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DOB: Nov 07, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283359 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400933694	Eligibility Status: Eligible	Examination form No.: 109709 	Division/Section:	Roll No.: <b>Keyuri</b>
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR KEYURI DEVENDRA</b>	Mother's Name: JYOTSNA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: ठक्कर केयूरी देवेंद्र
--

Address: ROOM NO 2, NARAYAN JOSHI CHAWL, SHASTRI NAGAR DEVI CHOWK
---

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

Telephone no.:	Mobile no: 919769551801	Email : keyuthakkar@gmail.com
----------------	-------------------------	-------------------------------

DOB: Jul 30, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014703 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

### Payment Details:

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400933705	Eligibility Status: Eligible	Examination form No.: 109710 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RATHOD DEWANG MAHESH</b>	Mother's Name: RUPA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: राठोड देवांग महेश
--

Address: ROOM NO. 4 SULOCHANABAI CHAWL PARSHIWADI GHATKOPAR WEST
--

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

Telephone no.:	Mobile no: 919920372818	Email : dewangrathod9a@gmail.com
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DOB: Dec 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283508 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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*Handwritten signature*

PRN: 2018016400933713	Eligibility Status: Eligible	Examination form No.: 109711 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MEMON MOHD KAIF ANWAR</b>	Mother's Name: WAHEEDA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: मेमन मोहम्मद कैफ अन्वर

Address: ROOM NO 202 MEMON APT MAQSOD NAGAR ALMAS COLONY ROAD KAUSA MUMBRA

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

Telephone no.:	Mobile no: 918097340112	Email : KAIFMEMONAA@GMAIL.COM
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DOB: Apr 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283404 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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PRN: 2018016400933721	Eligibility Status: Eligible	Examination form No.: 109712 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KOTHARI DHVANI PARAG</b>	Mother's Name: JALPA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: कोठारी ध्वनी पराग

Address: c/12- 353 Mahavir Jyot-2nd floor Vallabh Baug Lane Ghatkopar-East Mumbai-77

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

Telephone no.: 21025037 Mobile no: 919699373273 Email : dhvanikothari2000@gmail.com

DOB: Aug 11, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283365 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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*Yusheen*

PRN: 2018016400933736	Eligibility Status: Provisional	Examination form No.: 109713 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>QURESHI YUHEEN FAZAL</b>	Mother's Name: YASMEEN	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: कुरेशी यूही फाझल
---

Address: NEAR J.J HOSPITAL ,67,RUMANI MANZIL,ROOM NO 11,KHANDIYA STREET,MUMBAI CENTRAL,MUMBAI
---

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400008
--

Telephone no.:	Mobile no: 917021505748	Email : yashfeenqureshi1997@gmail.com
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DOB: Nov 20, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283494 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016400933744	Eligibility Status: Eligible	Examination form No.: 109714 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SANKPAL DEVENDRA SHIVAJI</b>	Mother's Name: SUVARNA	Gender: Male
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Name in Vernacular Language: देवेंद्र शिवाजी संकपाळ

Address: ROOM NO. 101/8, INDIRA NAGAR VASHI NAKA MAHUL ROAD CHEMBUR MUMBAI

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

Telephone no.:	Mobile no: 917021046436	Email : as.suppu0293@gmail.com
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DOB: Feb 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283531 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Parin*

PRN: 2018016400933752	Eligibility Status: Provisional	Examination form No.: 109715 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PARIN MUKESH SHARDA</b>	Mother's Name: GOPI	Gender: Male
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Name in Vernacular Language: परीन मुकेश शारदा
---

Address: D2/1401, HYDE PARK OFF GHODBUNDER ROAD, NEAR TULSIDHAM, MANPADA THANE WEST
---

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400610
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Telephone no.:	Mobile no: 919619332653	Email : parinsharda9@gmail.com
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DOB: Nov 21, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283579 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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



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VJP

PRN: 2018016400933767	Eligibility Status: Eligible	Examination form No.: 109716 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANDYA VAIBHAV JAYESH</b>	Mother's Name: BHARATI	Gender: Male
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Name in Vernacular Language: वैभव जयेश पंड्या
---

Address: B/15 Krushnai Niwas Koper Road Dombivli West Chetan Store
--

City: MUMBAI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202
--

Telephone no.:	Mobile no: 919930826852	Email : vaibhavpandya2807@gmail.com
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DOB: Jul 28, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283458 (Status: Fail)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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

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Divyansh

PRN: 2018016400933775	Eligibility Status: Eligible	Examination form No.: 109717 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BAFNA DIVYANSH ASHOK</b>	Mother's Name: MEENA	Gender: Male
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Name in Vernacular Language: बाफना दिव्यांश अशोक
--

Address: A 20 GIDHAR NAGAR GHATKOPAR WEST
---

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

Telephone no.:	Mobile no: 918450983548	Email : divyanshbafna2@gmail.com
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DOB: Sep 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283152 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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PRN: 2018016400933783	Eligibility Status: Eligible	Examination form No.: 109718 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GHADI PRATHAMESH VISHNU</b>	Mother's Name: MEGHANA	Gender: Male
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Name in Vernacular Language: घाडी प्रथमेश विष्णू

Address: 10, SIDDHIVINAYAK CHAWL RETI BANDER ROAD, SATYAWAN CHOWK DEVICHA PADA, DOMBIVLI WEST

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

Telephone no.:	Mobile no: 919082189732	Email : prathamesh213pvg@gmail.com
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DOB: Mar 21, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283249 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400933791	Eligibility Status: Eligible	Examination form No.: 109719 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DHULLA KAJAL JITENDRA</b>	Mother's Name: PREETI	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: धुळीला काजल जितेंद्र
---

Address: NEW GEETA CHS , 2ND FLOOR ANAND NAGAR , PANDURANG WADI MANPADA ROAD , DOMBIVILI EAST
---

City: DOMBIVILI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
---

Telephone no.:	Mobile no: 919819798402	Email : kajaldhulla03@gmail.com
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DOB: Mar 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283226 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400933802	Eligibility Status: Eligible	Examination form No.: 109720 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MESTRI AMEY ANIL</b>	Mother's Name: ACHALA	Gender: Male
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Name in Vernacular Language: मेश्री अमेय अनिल

Address: 3/1 ,bhuwad chawl Shivaji nagar Tembhipada Road

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

Telephone no.:	Mobile no: 918291679535	Email : ameymestri83@gmail.com
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DOB: May 22, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283406 (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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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*Rutuja*

PRN: 2018016400933817	Eligibility Status: Eligible	Examination form No.: 109721 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SORTE RUTUJA RAVINDRA</b>	Mother's Name: KAVITA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: सोरटे ऋतुजा रवींद्र

Address: g wing 301 chirag nagar police line lbs marg ghatkopar west

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

Telephone no.:	Mobile no: 918108759647	Email : rutujasorte1001@gmail.com
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DOB: Aug 20, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283615 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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Neeraj

PRN: 2018016400933825	Eligibility Status: Eligible	Examination form No.: 109722 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PALTA NEERAJ TARUN</b>	Mother's Name: JAYSHREE	Gender: Male
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Name in Vernacular Language: पाळता नीरज तरुण

Address: MAIN BUNGLOW BPS BHAWAN NO. 2 CARE OF JALARAM ASISH DEVIDAYAL ROAD MULUND WEST AN NO. 2 CARE OF JALARAM ASISH DEVIDAYAL ROAD MULUND WEST

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

Telephone no.:	Mobile no: 917506184284	Email : neeraJPALTA2000@GMAIL.COM
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DOB: Apr 22, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283445 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

### Payment Details:

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*ISHA*

PRN: 2018016400933833	Eligibility Status: Eligible	Examination form No.: 109723 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANDYA ISHA NAYANESHKUMAR</b>	Mother's Name: PANNABEN	Gender: Female
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Name in Vernacular Language: पंड्या इशा नयनेशकुमार

Address: B/16 vasant vihar chs 4th floor near rixa stand , opp om bungalow ayre road dombivali E

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

Telephone no.: 2880006	Mobile no: 919820147553	Email : nayaneshpandya@yahoo.co.in
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DOB: Dec 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283457 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400933841	Eligibility Status: Eligible	Examination form No.: 109724 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RUPAREL NISHITA KAMLESHBHAI</b>	Mother's Name: SEEMABEN	Gender: Female
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Name in Vernacular Language: रुपारेल निशिता कमलेशभाई

Address: ALI BAHADUR CHAWL A S V ROAD MULUND WEST

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

Telephone no.:	Mobile no: 917738016505	Email : nishitaruparel12@gmail.com
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DOB: Apr 12, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283519 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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Avani

PRN: 2018016400933856	Eligibility Status: Eligible	Examination form No.: 109725 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JOSHI AVANI ARVIND</b>	Mother's Name: MANISHA	Gender: Female
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Name in Vernacular Language: जौशी अरविंद

Address: VAISHALI NAGAR C2 41 VAISHALI CHS BAL RAJESHWAR ROAD MULUND WEST

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

Telephone no.:	Mobile no: 919594128432	Email : avanijoshi023@gmail.com
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DOB: Aug 20, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014647 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*ABM*

PRN: 2018016400933864	Eligibility Status: Eligible	Examination form No.: 109726 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHAN ABDUL BASIT FEROZ AHMED</b>	Mother's Name: AMIRUNNISA	Gender: Male
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Name in Vernacular Language: खान अब्दुल बसित फिरोज अहमद

Address: A/403 NOOR E JAHAN 2ND, PIPE ROAD KURLA WEST

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

Telephone no.:	Mobile no: 919833155235	Email : rushdakhn22222@gmail.com
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DOB: Sep 06, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283335 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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Neeha

PRN: 2018016400933872	Eligibility Status: Eligible	Examination form No.: 109727 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH NEEHA MULCHAND</b>	Mother's Name: VARSHA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: शाह नेहा मुल्चंद
---

Address: F/703, NAVNEET NAGAR LODHA HERITAGE DOMBIVLI (EAST)
--

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

Telephone no.:	Mobile no: 918691912014	Email : shahneha841@gmail.com
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DOB: Oct 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283548 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

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

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



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PRN: 2018016400933887	Eligibility Status: Eligible	Examination form No.: 109728 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>POKHARKAR KAJAL DATTATRAY</b>	Mother's Name: SUSHILA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: पोखरकर काजल दत्तात्रय

Address: 9/B1/203, SAI ANAND CHS SANGHARSH NAGAR, CHANDIVALI FARM ROAD ANDHERI EAST

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

Telephone no.:	Mobile no: 918097987974	Email : kajalp28052001@gmail.com
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DOB: May 28, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283488 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400933895	Eligibility Status: Eligible	Examination form No.: 109729 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VISHWAKARMA AANCHAL RAMJANAM</b>	Mother's Name: MADHURI	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: VISHWAKARMA AANCHAL RAMJANAM
---

Address: LAXMI NAGAR JANTA COLONY RM NO 11 NEAR RAMESHWAR TEMPLE GHATKOPAR EAST
---

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

Telephone no.:	Mobile no: 918080106332	Email : anchalsharma@gmail.com
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DOB: Mar 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283769 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400933906	Eligibility Status: Eligible	Examination form No.: 109730 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHEWALE AAKASH BHARAT</b>	Mother's Name: NIRMALA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: शेवाळे आकाश भरत
--

Address: nanvnath chawl suryanga lbs marg
---

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

Telephone no.:	Mobile no: 919322647567	Email : bharatshewale101@gmail.com
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DOB: Aug 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283592 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400933914	Eligibility Status: Provisional	Examination form No.: 109731 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAJAT RAMESH</b>	Mother's Name: JAYASHREE	Gender: Male
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Name in Vernacular Language: Rajat Ramesh
---

Address: 304, Shankeshwar Heights Plot.6 Sector.11 Kharghar
---

City: Navi Mumbai, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410210
--

Telephone no.:	Mobile no: 917506016239	Email : rajatjayashree@gmail.com
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DOB: May 27, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283134 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400933922	Eligibility Status: Eligible	Examination form No.: 109732 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SALOT DHARMI DEEPAK</b>	Mother's Name: NAYNA	Gender: Female
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Name in Vernacular Language: सलोट धर्मी दीपक

Address: 70, ODHVRAM KURPA RAGUVANSHI NAGAR, SN ROAD MULUND WEST, MUMBAI

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

Telephone no.: Mobile no: 919757414354 Email : dharmisalot@gmail.com

DOB: Oct 05, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283524 (Status: ATKT)

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400933937	Eligibility Status: Eligible	Examination form No.: 109733 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN VISHIKA PRAVIN</b>	Mother's Name: PUSHPALATA	Gender: Female
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Name in Vernacular Language: जैन विशिका प्रवीण

Address: 1201 12th Floor Tulsi Majestic Postal Colony Plot No 7 Near MAA Hospita Chembur E

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

Telephone no.:	Mobile no: 918879608538	Email : pravinenterprise@yahoo.co.in
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DOB: Jul 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283295 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400933945	Eligibility Status: Eligible	Examination form No.: 109734 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH MOHD SADIQ MOHD WAHID</b>	Mother's Name: NAZAMA	Gender: Male
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Name in Vernacular Language: शेख मोहद सादिक मोहद वाहिद

Address: ROOM NO.13, CHAWL NO.43, IBRAHIM HAROON CHAWL QURESH NAGAR KURLA EAST

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

Telephone no.:	Mobile no: 918169148151	Email : sadiqshaikh201@gmail.com
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DOB: Sep 20, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283566 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

### To, 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: 2018016400933953	Eligibility Status: Eligible	Examination form No.: 109735 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHANUSHALI SHYAM DIPESH</b>	Mother's Name: HEENA	Gender: Male
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Name in Vernacular Language:Hindi
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Address: A/1403-04 dhaivat kalpanagri mulund w B. R road Vaishali nagar
---

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

Telephone no.: 21640962	Mobile no: 919920472555	Email : shyambhnsli912@gmail.com
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DOB: Sep 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283180 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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*Avinash*

PRN: 2018016400933961	Eligibility Status: Provisional	Examination form No.: 109736 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SINGH AVINASH KUMAR DASHRATH</b>	Mother's Name: POONAM	Gender: Male
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Name in Vernacular Language: सिंग अविनाश कुमार दशरथ
---

Address: ROOM NO.479, JAY AMBIKA NAGAR SUNDER BAUG, KAMANI KURLA WEST
---

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

Telephone no.:	Mobile no: 918767479279	Email : mr.avinashsingh890@gmail.com
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DOB: Oct 16, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283752 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016400933976	Eligibility Status: Eligible	Examination form No.: 109737 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN TANISH JITENDRA</b>	Mother's Name: CHANDRALEKHA	Gender: Male
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Name in Vernacular Language: जैन तनिश जितेंद्र कुमार
--

Address: ROOM NO 1/5, MUKESH LAXMINARAYAN CHAWL, HARIYALI VILLAGE,
--

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

Telephone no.:	Mobile no: 917208113626	Email : jainjaitanish@gmail.com
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DOB: Oct 20, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283294 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

PRN: 2018016400933984	Eligibility Status: Eligible	Examination form No.: 109738 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

### Student's Personal Information

Student's Name: <b>MIR SHUMAILA NOOR MOHAMMED</b>	Mother's Name: AQUEELA	Gender: Female
Name in Vernacular Language: मीर शुमैला नूर मोहम्मद		
Address: 35/4, LIG COLONY V B NAGAR, PIPE ROAD KURLA WEST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070		
Telephone no.:	Mobile no: 919004031571	Email : aqueela.meer.am@gmail.com
DOB: Oct 30, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283706 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400933992	Eligibility Status: Eligible	Examination form No.: 109739 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: KHAN SALMAN ABDUL HAMID	Mother's Name: SAFINA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: खान सलमान अब्दुल हमीद

Address: ROOM 250, SONAWANE CHAWL, GROUP NO. 3, TAGORE NAGAR,

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

Telephone no.:	Mobile no: 917039322035	Email : skhan99703@gmail.com
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DOB: Oct 27, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283351 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400934001	Eligibility Status: Eligible	Examination form No.: 109740 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VEGAD DRASHTI VASANT</b>	Mother's Name: DAKSHA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: वऱश्टी

Address: 605, Amrut Tower, Dadasaheb gaikwad road Opp tambe nagar

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

Telephone no.:	Mobile no: 917666621948	Email : chahhivegad@gmail.com
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DOB: Nov 19, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014621 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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PRN: 2018016400934016	Eligibility Status: Eligible	Examination form No.: 109741 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAJBHAR PRIYA NANDLAL</b>	Mother's Name: SANJU	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: राजभर प्रिया नंदलाल
--

Address: Room NO 11, Sai krishna Building Juna Ayre Road, Near Saibaba Mandir
---

City: Dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
--

Telephone no.:	Mobile no: 917900163452	Email : priyarajbhar03@gmail.com
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DOB: Jul 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283498 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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*Shubh*

PRN: 2018016400934024	Eligibility Status: Eligible	Examination form No.: 109742 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SEHRA PARAMJIT BHUPINDER</b>	Mother's Name: AMRIT	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: सेहरा परमजीत भूपिंदर
---

Address: HOUSE NO. 15/4 GURU GOBIND SINGH MARG MULUND COLONY
--

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

Telephone no.:	Mobile no: 917045287084	Email : PARAM.SEHRA@GMAIL.COM
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DOB: Nov 25, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283740 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:  Student's Signature
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### 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: 2018016400934032	Eligibility Status: Eligible	Examination form No.: 109743 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>HARSHAVARTHAN SURESH</b>	Mother's Name: GAYATHRI DEVI	Gender: Male
---	------------------------------	--------------

Name in Vernacular Language: HARSHAVARTHAN SURESH
---

Address: A WING 401 KOHINOOR PLAZA, PUNA LINK ROAD, ABOVE BHARAT GAS COMPANY, CHAKKINAKA, KALYAN EAST
---

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

Telephone no.:	Mobile no: 919619528668	Email : harishs1711@gmail.com
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DOB: Nov 17, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283756 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400934047	Eligibility Status: Eligible	Examination form No.: 109744 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANCHAL ANJALI MANOJ</b>	Mother's Name: ANITABEN	Gender: Female
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Name in Vernacular Language: ANJALI
-------------------------------------

Address: 18/B, Sahakar Darshan Kisan nagar no. 1
--

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

Telephone no.:	Mobile no: 919930769691	Email : panchal_mk@yahoo.com
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DOB: Aug 11, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014635 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016400934055	Eligibility Status: Eligible	Examination form No.: 109745 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DOSHI NILAY CHETAN</b>	Mother's Name: CHETNA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: निलय दोशी
--

Address: 201, trishala apt. p.k. road end, sarvodaya nagar Mulund West
--

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

Telephone no.:	Mobile no: 917021038973	Email : nilaydoshi02@gmail.com
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DOB: Dec 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014634 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# 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.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934063	Eligibility Status: Eligible	Examination form No.: 109746 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SANDHU HARMANPREETSINGH JARNAILSINGH</b>	Mother's Name: KULWINDERKAUR	Gender: Male
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Name in Vernacular Language: संधू हरमनप्रीतसिंघ जर्नालसिंघ
--

Address: 4/406 PANCHJANYA CHS, NEAR NAVODAYA ENGLISH HIGH SCHOOL, KISAN NAGAR 1, THANE WEST
---

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604
--

Telephone no.:	Mobile no: 919167234928	Email : sandhuharmansingh05@gmail.com
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DOB: Dec 22, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283527 (Status: ATKT)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:  Student's Signature
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### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Niyati*

PRN: 2018016400934086	Eligibility Status: Eligible	Examination form No.: 109747 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH NIYATI SANJAY</b>	Mother's Name: BELA	Gender: Female
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Name in Vernacular Language: SHAH NIYATI SANJAY
---

Address: 14 PANBHAI NIWAS VP ROAD CROSS KASTURBA ROAD MULUND WEST
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080
---

Telephone no.:	Mobile no: 918291219297	Email : shahniyati47@gmail.com
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DOB: Jul 13, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283549 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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*S. Asma*

PRN: 2018016400934094	Eligibility Status: Eligible	Examination form No.: 109748 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAYYED ASMA ABUBAKAR</b>	Mother's Name: FAUZIYA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: साईड असम अब्बकर
--

Address: ROOM NO 05 1ST FLR COOPER KUNJ BLD BALAJI MANDIR MARG
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070
---

Telephone no.:	Mobile no: 917977692480	Email : asmasayyed8149@gmail.com
----------------	-------------------------	----------------------------------

DOB: Aug 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283540 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Aanchal*

PRN: 2018016400934105	Eligibility Status: Eligible	Examination form No.: 109749 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHARMA AANCHAL CHANDRABHAN</b>	Mother's Name: PUSHPA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: शर्मा आंचल चंद्रभान
--

Address: A WING ROOM NO. 905 SAI SIDDHI BLDG NO. 18, OPP. KOHINOOR HOSPITAL KURLA WEST
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070
---

Telephone no.:	Mobile no: 919076390987	Email : man2066.ms@gmail.com
----------------	-------------------------	------------------------------

DOB: Nov 17, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283744 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:  Student's Signature
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### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2018016400934113	Eligibility Status: Eligible	Examination form No.: 109750 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL ADITI BHAVESH</b>	Mother's Name: SAVITA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: aditi
------------------------------------

Address: 790/11, Abhyudaya Nagar, Kalachowki, Mumbai-400033.
--

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400033
--

Telephone no.:	Mobile no: 919082628629	Email : aditipatel552@gmail.com
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DOB: Mar 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283719 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2018016400934121	Eligibility Status: Eligible	Examination form No.: 109751 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RANGNEKAR MANAS SAINATH</b>	Mother's Name: SAILI	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: manas
------------------------------------

Address: 16/570 deepjyoti subhash nagar chembur mumbai 400071 16/568 deepjyoti subhash nagar chembur mumbai 400071
--

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400071
---

Telephone no.:	Mobile no: 919920870634	Email : aniketrocks777@gmail.com
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DOB: Sep 11, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014698 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Nimisha*

PRN: 2018016400934136	Eligibility Status: Eligible	Examination form No.: 109752 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>AYARE NIMISHA ARVIND</b>	Mother's Name: SUJATA	Gender: Female
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Name in Vernacular Language: आयरे निमिषा अरविंद

Address: B4-69, D.G.Q.A COLONY JAGDUSHA NAGAR GHATKOPAR (W)

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 918291248033	Email : nimishaayare14@gmail.com
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DOB: Dec 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283149 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

### To, 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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*Namira*

PRN: 2018016400934144	Eligibility Status: Eligible	Examination form No.: 109753 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH NAMIRA FAKIR MOHD</b>	Mother's Name: SHABANA KHATOON	Gender: Female
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Name in Vernacular Language: शेख नामीरा फकीर मोहम्मद

Address: DURGA MANDIR, ROOM NO.01, PLOT NO.6 LINE - C, BAIGANWADI GOVANDI, MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043

Telephone no.: Mobile no: 919769141583 Email : saniyasayyad98@gmail.com

DOB: Jul 07, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283569 (Status: Pass)

Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Prafulla

PRN: 2018016400934152	Eligibility Status: Eligible	Examination form No.: 109754 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RATHOD PRAFULLA SHAILESH</b>	Mother's Name: ALKA	Gender: Female
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Name in Vernacular Language: राठोड प्रफुल्ला शैलेश

Address: SEVASASANG HOSPITAL, L.B.S MARG GHATKOPAR WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919653347795	Email : rathodpsa@gmail.com
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DOB: Sep 27, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283510 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Shodhan Shetty*

PRN: 2018016400934167	Eligibility Status: Eligible	Examination form No.: 109755 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHETTY SHODHAN SADASHIVA</b>	Mother's Name: SUJATHA	Gender: Male
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Name in Vernacular Language: SHETTY SHODHAN सदाशिव

Address: ROOM NO.409, JAI BAJRANG BALI CO-OPERATIVE, KHAMBADEV NAGAR, SANT ROHIDAS MARG.

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400017

Telephone no.:	Mobile no: 917900058795	Email : shodhanshetty409@gmail.com
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DOB: May 27, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283591 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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M. R. Vadoliya

PRN: 2018016400934183	Eligibility Status: Eligible	Examination form No.: 109756 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VADOLIYA MANSI RAMESHBHAI</b>	Mother's Name: MANISHA	Gender: Female
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Name in Vernacular Language: Mansi rameshbhai Vadoliya
--

Address: C/204 dedhia niwas Chheda road Dombivali (east)
--

City: Dombivali, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
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Telephone no.:	Mobile no: 918454837667	Email : mansivadoliya@gmail.com
----------------	-------------------------	---------------------------------

DOB: Oct 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283645 (Status: ATKT)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934191	Eligibility Status: Eligible	Examination form No.: 109757 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAPRA MANSI NITIN</b>	Mother's Name: TWINKLE	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: मानसी

Address: B- WING FLAT NO# 104 SHREE VARIYA FREINDSHIP CO-OP. HOUSING SOCIETY NEAR MARUTI MAHADEV NAGAR,

City: DOMBIVALI, Taluka: , District: Thane, State: Maharashtra, PIN: 421201

Telephone no.:	Mobile no: 918291236565	Email : mnssapra@gmail.com
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DOB: Jun 08, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283735 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2018016400934202	Eligibility Status: Eligible	Examination form No.: 109758 	Division/Section:	Roll No.:	Hetal J.P.
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANCHAL HETAL JITENDRABHAI</b>	Mother's Name: KOKILABEN	Gender: Female
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Name in Vernacular Language: पांचाल हेतल जितेंद्रभाई
--

Address: B-110, 1ST FLOOR, JAI SHIVNERI HOUSING SOC., PADWAL NAGAR, WAGLE ESTATE, THANE WEST
--

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604
--

Telephone no.:	Mobile no: 918454910565	Email : panchalh3@gmail.com
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DOB: May 27, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283450 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:  Student's Signature
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### 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.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934225	Eligibility Status: Eligible	Examination form No.: 109759 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MESTRY SIDDHESH PANDURANG</b>	Mother's Name: PRIYA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: मेत्री सिद्धेश पांडुरंग
--

Address: ROOM NO.3 SHANKAR PANDIAN CHAWL,DATTIWADI,JM ROAD,BHANDUP WEST ROOM NO.3 SHANKAR PANDIAN CHAWL,DATTIWADI,JM ROAD,BHANDUP WEST
--

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078
---

Telephone no.:	Mobile no: 918454835055	Email : siddheshmestry320@gmail.com
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DOB: Jan 12, 2001	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283407 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ;Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b>	Place: <b>Vidyavihar</b>
I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934233	Eligibility Status: Eligible	Examination form No.: 109760 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: MAJALKAR TEJAS MURLIDHAR	Mother's Name: URMILA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: तेजस मुरलीधर माजलकर

Address: D/1, CHANDRABAI NIWAS NEHRU NAGAR KANJURMARG(EAST)

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400042

Telephone no.:	Mobile no: 918080072945	Email : majalkartejas11@gmail.com
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DOB: Aug 11, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283385 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934241	Eligibility Status: Eligible	Examination form No.: 109761 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KADAM SURAJ SANTOSH</b>	Mother's Name: SWATI	Gender: Male
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Name in Vernacular Language: कदम सुरज संतोष
---

Address: FLT, NO 13, GELDA DHAM A WING 3RD FLOOR RIFLE RANGE ROAD NEAR MUMBAI BANK
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 918108489177	Email : surajkadam531@gmail.com
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DOB: Mar 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283311 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934256	Eligibility Status: Eligible	Examination form No.: 109762 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MOMAYA AKANKSHA DEEPAK</b>	Mother's Name: BHAVANA	Gender: Female
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Name in Vernacular Language: मोमय आकांशा दीपक

Address: C WING 303 OM LAXMI PARK TUKARAM NAGAR DOMBIVALI EAST

City: THANE, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201

Telephone no.:	Mobile no: 919029100778	Email : naynadand@gmail.com
----------------	-------------------------	-----------------------------

DOB: Feb 01, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283415 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934264	Eligibility Status: Eligible	Examination form No.: 109763 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL RIMPAL ASHWIN</b>	Mother's Name: RITABEN	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: पटेल रिम्पल अश्विन

Address: ROOM NO. 2/4 KAILASH NAGAR MG ROAD OPP. SBI BANK GHATKOPAR EAST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077

Telephone no.:	Mobile no: 917666308828	Email : amishapatel2312002@gmail.com
----------------	-------------------------	--------------------------------------

DOB: Oct 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283722 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934287	Eligibility Status: Eligible	Examination form No.: 109764 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>QURESHI SHEHNAZ DAWOOD</b>	Mother's Name: CHANDBEE	Gender: Female
---	-------------------------	----------------

Name in Vernacular Language: कुरेशी शेहनाज़ दाऊद
--

Address: salam chawl room no. 6 group no. 4
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083
---

Telephone no.:	Mobile no: 917039967074	Email : sonudawoodqureshi@gmail.com
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DOB: Dec 28, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283730 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Nandini

PRN: 2018016400934314	Eligibility Status: Eligible	Examination form No.: 109765 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MANGE NANDINI RANCHHOD</b>	Mother's Name: RAMILA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: मांगे नंदिनी रणछोड

Address: 02, RAJDEEP BUILDING, GHANSHYAM GUPTA ROAD, NEAR DON BOSCO SCHOOL,

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202

Telephone no.:	Mobile no: 919320919307	Email : om.shipping07@gmail.com
----------------	-------------------------	---------------------------------

DOB: May 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014687 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934322	Eligibility Status: Eligible	Examination form No.: 109766 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>AGARWAL MAHEK SANJAY</b>	Mother's Name: POONAM	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: MAHEK SANJAY AGARWAL
---

Address: B-1/501, VIKAS COMPLEX CASTLE MILL NAKA THANE (WEST)
---

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
--

Telephone no.: 25472353	Mobile no: 919821062018	Email : sbe2002@gmail.com
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DOB: Nov 02, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283137 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Suryanarayan

PRN: 2018016400934337	Eligibility Status: Eligible	Examination form No.: 109767 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DUBEY SURYANARAYAN SUNILKUMAR</b>	Mother's Name: SAVITA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: दुबेय सूर्यनारायण सुनीलकुमार
---

Address: ROOM NO.02, SIDDHESHWAR GRIHNIRMAN SOC NO.01 INDIRA NAGAR NO.01, GHATKOPAR WEST MUMBAI
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 918104349095	Email : surajdubey193@gmail.com
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DOB: Mar 03, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283234 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Darshika*

PRN: 2018016400934345	Eligibility Status: Eligible	Examination form No.: 109768 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>HINGU DARSHIKA CHANDU</b>	Mother's Name: BHAVANA	Gender: Female
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Name in Vernacular Language: हिंगु दर्शिका चंदू

Address: 45/3RD FLOOR, LAXMI BHUVAN, KISAN NAGAR-1, WAGLE ESTATE, THANE

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604

Telephone no.:	Mobile no: 918828350970	Email : hingudarshika123@gmail.com
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DOB: Feb 26, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014676 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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*Layeba*

PRN: 2018016400934361	Eligibility Status: Eligible	Examination form No.: 109769 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH LAYEBA BANO RAZAB ALI</b>	Mother's Name: GOUSIYA BANO	Gender: Female
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Name in Vernacular Language: शेख लायेबा बानो रज़ब अली

Address: D/O RAJU RAJJAB ALI RAIN, FURKANIYA CHOUK, KAMLA RAMAN NAGAR BAIGANWANDI, GOVANDI, MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043

Telephone no.:	Mobile no: 919619500787	Email : shaikhnamira25@gmail.com
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DOB: May 11, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283564 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Manasi*

PRN: 2018016400934376	Eligibility Status: Eligible	Examination form No.: 109770 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHALEKAR MANASI MAHESH</b>	Mother's Name: MADHURI	Gender: Female
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Name in Vernacular Language: भालेकर मानसी महेश

Address: SHIV CHATRAPATI CHAWL SURYA NAGAR VIKHROLI WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083

Telephone no.:	Mobile no: 918828603318	Email : manasibhalekar7@gmail.com
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DOB: Aug 05, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283672 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Vidhi*

PRN: 2018016400934384	Eligibility Status: Eligible	Examination form No.: 109771 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>SHAH VIDHI HITESH</b>	Mother's Name: SONAL	Gender: Female

Name in Vernacular Language: शाह विधी हितेश

Address: C-8, GOVIND DHAM BLDG, SANGEETA WADI, NERURKAR ROAD, DOMBIVLI EAST

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201

Telephone no.: Mobile no: 919769568118 Email : vidhishah2308@gmail.com

DOB: Aug 23, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283557 (Status: ATKT)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Dipti*

PRN: 2018016400934392	Eligibility Status: Eligible	Examination form No.: 109772 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TEMGIRE DIPTI SOPAN</b>	Mother's Name: SHAILA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: टेमगिरे दीप्ती सोपान

Address: RAJARAM SINGH CHAWL 1/3, NEAR RANVEER KRIDA MANDAL BHATWADI GHATKOPAR WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 919867352518	Email : diptitemgire@gmail.com
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DOB: Jul 20, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283757 (Status: Pass)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Nangare*

PRN: 2018016400934403	Eligibility Status: Eligible	Examination form No.: 109773 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NANGARE PRERANA PRAKASH</b>	Mother's Name: SARITA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: नांगरे प्रेरणा प्रकाश

Address: ROOM NO.3,JAI MALHAR PAGARE CHAWL NETAJI PALKAR MARG,ASALFA SUNDERBAGH ASALFA,GHATKOPAR

City: GHATKOPAR, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 919152070523	Email : djpranay233@gmail.com
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DOB: Apr 04, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014689 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934411	Eligibility Status: Eligible	Examination form No.: 109774 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>LODAYA DEEPALI SANJAY</b>	Mother's Name: GOPI	Gender: Female
--	---------------------	----------------

Name in Vernacular Language: LODAYA DEEPALI SANJAY
--

Address: Plot no 43 B 15 Gurudarshan Garodia Nagar Ghatkopar East
---

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400077
--

Telephone no.:	Mobile no: 917045735121	Email : dlodaya23@gmail.com
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DOB: Jul 23, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283377 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934426	Eligibility Status: Eligible	Examination form No.: 109775 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RATHOD HIRAL CHANDRESH</b>	Mother's Name: BHAVANA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: राठोड हिराल चंद्रेश

Address: MOUNT E-2,604 GOLDEN PARK PHASE-2 BETURKARPADA KALYAN WEST

City: KALYAN, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421301

Telephone no.: Mobile no: 918291160026 Email : hiluurathod@gmail.com

DOB: Oct 20, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283509 (Status: ATKT)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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R.L. Hadkar

PRN: 2018016400934434	Eligibility Status: Eligible	Examination form No.: 109776 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>HADKAR RUPALI LALIT</b>	Mother's Name: SUNITA	Gender: Female
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Name in Vernacular Language: हडकर रुपाली ललित

Address: SONABAI NIWAS 3RD FLOOR ROOM NO 304 ANAND KOLIWADA MUMBRA

City: MUMBRA, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612

Telephone no.:	Mobile no: 919967143589	Email : rupalihadkar25@gmail.com
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DOB: Dec 20, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283273 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Dhanawade*

PRN: 2018016400934442	Eligibility Status: Eligible	Examination form No.: 109777 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DHANAWADE SAYALI MANGESH</b>	Mother's Name: MEGHANA	Gender: Female
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Name in Vernacular Language: धनावडे सायली मंगेश

Address: ROOM NO.229,GANESH MANDIR CHAWL PITAMAHA RAMJI NAGAR GHATKOPAR WEST

City: GHATKOPAR WEST, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 919987635264	Email : mangeshdhanawade456@gmail.com
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DOB: May 04, 2001	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283223 (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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Aarti

PRN: 2018016400934457	Eligibility Status: Eligible	Examination form No.: 109778 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>MANJULKAR AARTI PARSHURAM</b>	Mother's Name: SANGITA	Gender: Female

Name in Vernacular Language: मंजुळकर आरती परशुराम

Address: room no f2 mata saptshrugi soc. jmt road ghatkopar

City: GHATKOPAR, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.: Mobile no: 919137705144 Email : aartimanjulkar012@gmail.com

DOB: May 15, 2001 Category: Reserved (VJ/DT(A)) Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283394 (Status: ATKT)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934465	Eligibility Status: Eligible	Examination form No.: 109779 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: PAWAR KIRTI NARENDRA	Mother's Name: MEGHA	Gender: Female
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Name in Vernacular Language: पवार किरती नरेंद्र

Address: PITAMAHA RAMJI NAGAR NEAR SCHOOL NO 1 BHATWADI BARVE NAGAR GHATKOPAR

City: GHATKOPAR, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 919004101029	Email : kirtipawar110@gmail.com
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DOB: Jan 07, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014696 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934473	Eligibility Status: Eligible	Examination form No.: 109780 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH RIMSHA MOHD ARIF</b>	Mother's Name: GULNAZ BANO	Gender: Female
--	----------------------------	----------------

Name in Vernacular Language: शेख रिमश मोहद अरिफ

Address: room no 13 netaji nagar haroon compound kurla west

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 919137936595	Email : abduallahkhan7862086@gmail.com
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DOB: Feb 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283572 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934481	Eligibility Status: Eligible	Examination form No.: 109781 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>LAD RUCHI SUSHIL</b>	Mother's Name: SIDDHI	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: लड रूची सुशील
--

Address: room no 4 jayashree niwas near hindi school
--

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084
---

Telephone no.:	Mobile no: 919821454144	Email : nileshlad007@yahoo.co.in
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DOB: Apr 26, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283371 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

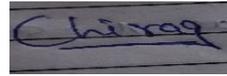
<http://mum.digitaluniversity.ac/>

S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934496	Eligibility Status: Eligible	Examination form No.: 109782 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL CHIRAG DINESH</b>	Mother's Name: JOSHANA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: PATEL CHIRAG DINESH
--

Address: A1-301 pooja complex, kavesar village, waghbil naka, ghodbandar road, thane (west)
---

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 919167643173	Email : raj9958@gmail.com
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DOB: Jul 23, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283465 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934507	Eligibility Status: Eligible	Examination form No.: 109783 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TIWARI SUHAS BRIJBHUSHAN</b>	Mother's Name: SUNITA	Gender: Male
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Name in Vernacular Language: तिवारी सुहास ब्रिजभूषण
---

Address: near panipurvala 208 b kranti soc ambedkar nagar park site vikhroli west
---

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079
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Telephone no.:	Mobile no: 919004427966	Email : swatiwari016@gmail.com
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DOB: Jan 27, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283638 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934515	Eligibility Status: Eligible	Examination form No.: 109784 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GAWADE GAURANG MANOHAR</b>	Mother's Name: MAMTA	Gender: Male
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Name in Vernacular Language: गौरंग

Address: Barrack No. 1416, Beside Room No.1, Maratha Section 32, Ulhasnagar 4, Thane 421004 Barrack No. 1416, Beside Room No.1, Maratha Section 32, Ulhasnagar 4, Thane 421004

City: ulhasnagar, Taluka: Ulhasnagar, District: Thane, State: Maharashtra, PIN: 421004

Telephone no.:	Mobile no: 919511619870	Email : gauranggawade4501@gmail.com
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DOB: Jan 26, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283247 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

**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: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934523	Eligibility Status: Eligible	Examination form No.: 109785 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR RITISHA DHARMESH</b>	Mother's Name: SEEMA	Gender: Female
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Name in Vernacular Language: ठक्कर रीतिषा धर्मेश

Address: 206207/B, ANJALI BUILDING, AMBIKA NAGAR SOCIETY, MG ROAD, DOMBIVLI WEST

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202

Telephone no.:	Mobile no: 919167947799	Email : seema.dharmesh46@gmail.com
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DOB: May 07, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283760 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934546	Eligibility Status: Eligible	Examination form No.: 109786 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KOTHARI SIDH RAKESH</b>	Mother's Name: DIMPLE	Gender: Male
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Name in Vernacular Language: सिद्ध

Address: 201, JANKI CHS, DHOBI ALI, TEMBI NAKA, YHANE (W) 201, JANKI CHS, DHOBI ALI, TEMBI NAKA, YHANE (W) 201, JANKI CHS, DHOBI ALI, TEMBI NAKA, YHANE (W)

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601

Telephone no.:	Mobile no: 917715980981	Email : sidhkothari349@gmail.com
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DOB: Dec 04, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283697 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

**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: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934554	Eligibility Status: Eligible	Examination form No.: 109787 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ZORE RUPALI PANDURANG</b>	Mother's Name: VAISHALI	Gender: Female
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Name in Vernacular Language: झोरे रुपाली पांडुरंग
---

Address: ROOM NO.4, DAYASAGAR CHAWL, NAVYUG MITRA MANDAL, RAMABAI NAGAR, GHATKOPAR EAST
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400075
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Telephone no.:	Mobile no: 918108725360	Email : rupalitore24@gmail.com
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DOB: Apr 24, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283667 (Status: Fail)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934562	Eligibility Status: Eligible	Examination form No.: 109788 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHUDASAMA KIRTI JEETENDRA</b>	Mother's Name: USHA	Gender: Male
Name in Vernacular Language: CHUDASAMA KIRTI JEETENDRA		
Address: NEAR JAI BHARAT, NITYANAND NAGAR KARNIK PLOT, L.B.S MARG GHATKOPAR WEST		
City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 918655565861	Email : KIRTICHUDASAMA09@GMAIL.COM
DOB: May 26, 2001	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014655 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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H.A. Jadeja

PRN:

2018016400934577

Eligibility Status:

Eligible

Examination form No.:

109789



Division/Section:

Roll No.:

Instruction Medium:

Nationality:

India

### Student's Personal Information

Student's Name: **JADEJA HARDEEP ANIRUDHDHASINH**

Mother's Name: MUKUNDBA

Gender: Male

Name in Vernacular Language: जडेजा हरदीप अनिरुद्धसिंह

Address: C-5 HIRA COMPOUND CHAWL MAROL VIJAY NAGAR ANDHERI EAST

City: Mumbai, Taluka: Andheri, District: Mumbai Suburban, State: Maharashtra, PIN: 400059

Telephone no.:

Mobile no: 919082807217

Email : hardeep@gmail.com

DOB: Jun 01, 2000

Category: Open

Physically Handicap: No

Previous Latest Examination Details: Sem I(Regular-Rev16)

Exam Event: Nov-2019

Seat No: 7014656 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee

Exam Form Late Fee

Exam Form Super Late Fee

Examination Fees

Mark Statement Fee

Total:

**Payment Details:**

Amount Received:

College Receipt No. and Date:

DD No:

MICR No:

DD Date:

Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

**To, 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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Sakshi..

PRN: 2018016400934585	Eligibility Status: Eligible	Examination form No.: 109790 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHELAR SAKSHI GANAPAT</b>	Mother's Name: ZHUMBAR	Gender: Female
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Name in Vernacular Language: शेलार साक्षी गणपत

Address: BARAMATI CHAWL N S S ROAD ASALFA VILLAGE GHATKOPAR WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 918692929703	Email : sakshishelar388@gmail.com
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DOB: May 11, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283583 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

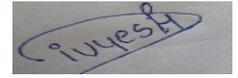
<http://mum.digitaluniversity.ac/>

S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934593	Eligibility Status: Eligible	Examination form No.: 109791 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHUDASAMA DIVYESH MAHESH</b>	Mother's Name: URMILA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: चुडासम दिव्येश महेश

Address: ROOM NO.80, GIGAWADI, KAMA LANE, HANSOTI MARG GHATKOPAR(WEST)

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 917977993048	Email : divyeshchudasama840@gmail.com
----------------	-------------------------	---------------------------------------

DOB: Jun 16, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283209 (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	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2018016400934612	Eligibility Status: Eligible	Examination form No.: 109792 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BOCHARE DHANSHREE BANSIDHAR</b>	Mother's Name: MANGAL	Gender: Female
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Name in Vernacular Language: बोचरे धनश्री बन्सीधर

Address: 6/11, NANDA SAWANT CHAWL, RUKMINI NAGAR, BHANDUP EAST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400042

Telephone no.:	Mobile no: 919820781741	Email : dhanu24@gmail.com
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DOB: Oct 24, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7290662 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934627	Eligibility Status: Eligible	Examination form No.: 109793 	Division/Section:	Roll No.:	<i>Aashish</i>
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANDEY AASHISHKUMAR KRUPASHANKAR</b>	Mother's Name: SADHANA	Gender: Male
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Name in Vernacular Language: आशिषकुमार कृपाशंकर पाण्डेय
---

Address: Kranti Society, Ambedkar Nagar, Parksite, Vikhroli west
--

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079
---

Telephone no.:	Mobile no: 919930753498	Email : sakshi2001suvarna@gmail.com
----------------	-------------------------	-------------------------------------

DOB: Jul 22, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283453 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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*Kalamani*

PRN: 2018016400934635	Eligibility Status: Eligible	Examination form No.: 109794 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KALAMANI PRATIKSHA SURESH</b>	Mother's Name: VAISHALI	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: प्रतीक्षा
--

Address: 203, shree Krishna building, govardhan nagar LBS marg, mulund west Mumbai 400080
---

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080
---

Telephone no.:	Mobile no: 919769087448	Email : patukalamani@gmail.com
----------------	-------------------------	--------------------------------

DOB: Apr 17, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283313 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934643	Eligibility Status: Eligible	Examination form No.: 109795 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SANGHVI NISHIT AJAY</b>	Mother's Name: NIPA	Gender: Male
--	---------------------	--------------

Name in Vernacular Language: निशित अजय संघवी
--

Address: 605 CHAKRESHWARI BUILDING SARVODAY NAGAR NAHUR ROAD MULUND WEST
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080
---

Telephone no.: 9833457711	Mobile no: 918779873100	Email : NISHITSANGHVI12@GMAIL.COM
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DOB: Jul 03, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014699 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Maluri*

PRN: 2018016400934651	Eligibility Status: Eligible	Examination form No.: 109796 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KAMALIYA MAYURI NARESH</b>	Mother's Name: MANJULA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: <b>કામલિયા મયુરી નરેશ</b>
--

Address: 1st wadi 90 feet road Dharavi Kumbharwada
--

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400017
--

Telephone no.:	Mobile no: 918291362199	Email : mayurikamaliya@gmail.com
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DOB: May 29, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283314 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Arbaz Shaikh*

PRN: 2018016400934666	Eligibility Status: Eligible	Examination form No.: 109797 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH ARBAZ MANZOOR</b>	Mother's Name: AISHA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: शेख अरबाज मांझूर
---

Address: Plot no 10, Room no 748, Lotus colony, Shivaji nagar, Govandi (W), Mumbai
--

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043
---

Telephone no.:	Mobile no: 918779630644	Email : anjumshaikhmanzoor@gmail.com
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DOB: Mar 18, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7190256 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934674	Eligibility Status: Eligible	Examination form No.: 109798 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATIL PRANALI CHANDRAKANT</b>	Mother's Name: VAISHALI	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: पाटील प्रणाली चंद्रकांत

Address: ROOM NO.48, EKTA MITRA MANDAL, BHIM NAGAR,

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 917506882656	Email : prpatil070@gmail.com
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DOB: Jun 01, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283723 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

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PRN: 2018016400934682	Eligibility Status: Eligible	Examination form No.: 109799 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MANDAVKAR ROHIT RAJU</b>	Mother's Name: SUVARANA	Gender: Male
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Name in Vernacular Language: रोहित

Address: SIDDHESWAR TALAV ANNA MADRASI CHAWL CADBURY COMPANY THANE WEST

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601

Telephone no.:	Mobile no: 919167679603	Email : ROHITMADAVKAR123@GMAIL.COM
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DOB: Apr 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283701 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2018016400934697	Eligibility Status: Eligible	Examination form No.: 109800 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SALVE AJINKYA RAMESH</b>	Mother's Name: SEEMA	Gender: Male
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Name in Vernacular Language: साळवे अजिंक्य रमेश सीमा

Address: BUILDING 198,B WING, ROOM NO 7861, KANNAMWAR NAGAR 1 VIKHROLI EAST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083

Telephone no.:	Mobile no: 918454067415	Email : ajinkya.salve25@gmail.com
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DOB: Dec 22, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283526 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Mirali*

PRN: 2018016400934701	Eligibility Status: Provisional	Examination form No.: 109801 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>LODAYA MIRALI KAMLESHBHAI</b>	Mother's Name: BHARTIBEN	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: LODAYA MIRALI KAMLESHBHAI
--

Address: ROOM NO.304, NEW HARKU NIWAS KARVE RD, NEAR GOKUL BANGLOW, MHATRE WADI, DOMBIVLI
---

City: DOMBIVLI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 421202
--

Telephone no.:	Mobile no: 919879226235	Email : lodayamirali7@gmail.com
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DOB: Mar 03, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283379 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	<p>Student's Signature</p>

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400934724	Eligibility Status: Eligible	Examination form No.: 109802 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHINCHALKAR SWATI CHANDRAKANT</b>	Mother's Name: CHANDANA	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: चिंचाळकर स्वाती चंद्रकांत

Address: LALBATTI HANUMAN TEKADI ASALPHA VILLAGE GHATKOPAR WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 917208024661	Email : swatichinchalkar4@gmail.com
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DOB: Oct 13, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283202 (Status: Pass)
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Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934732	Eligibility Status: Eligible	Examination form No.: 109803 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAY PRIYA VINAY</b>	Mother's Name: VIMAL	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: राय प्रिया विनय
--

Address: GORKHA CHAWL, DARGAH ROAD, JHA NIWAS AMAR NAGAR, MULUND COLONY MULUND WEST
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400082
---

Telephone no.:	Mobile no: 917506594370	Email : ray.vinay1971@gmail.com
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DOB: Nov 22, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283517 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

<b>Declaration by Principal/HOD/Chairperson</b> This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.
---

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934755	Eligibility Status: Eligible	Examination form No.: 109804 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GUPTA JYOTI SURESH</b>	Mother's Name: VIMLA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: गुप्ता ज्योती सुरेश
--

Address: r.no 10 namdev niwas bldg near kamath tower juni dombivli road dom (w)
---

City: dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202
--

Telephone no.:	Mobile no: 919664812324	Email : prashantgupta753@yahoo.com
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DOB: Dec 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283268 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400934763	Eligibility Status: Eligible	Examination form No.: 109805 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MEHTA DARSHAN KETAN</b>	Mother's Name: PARITA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: Mehta darshan ketan
--

Address: 301, Ganesh Krupa Zaver Road Mulund West Mulund West
---

City: Mulund, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080
---

Telephone no.: 25670861	Mobile no: 918879845002	Email : mehtadarshan319@gmail.com
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DOB: Mar 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283401 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Suvidha' account on <http://mum.digitaluniversity.ac/>. Activate your 'e-Suvidha' account and login today!



*yashvi*

PRN: 2018016400934771	Eligibility Status: Eligible	Examination form No.: 109806 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VISARIA YASHVI MUKESH</b>	Mother's Name: BHAVNA	Gender: Female
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Name in Vernacular Language: VISARIA YASHVI MUKESH
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Address: B-108, Bulphoe CHS, Plot-27, Sector-9A Gurudwara Road, Vashi, Navi Mumbai
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City: Navi Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703
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Telephone no.: 27654393	Mobile no: 919869157493	Email : yashvi.visaria27@gmail.com
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DOB: Nov 27, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283768 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

<http://mum.digitaluniversity.ac/>

S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Shruti*

PRN: 2018016400934786	Eligibility Status: Eligible	Examination form No.: 109807 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DUBRIYA SHRUTI NANJI</b>	Mother's Name: MUKTA	Gender: Female
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Name in Vernacular Language: दुबरीया श्रुती NANJI
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Address: 27/7 MAHAVIR KUTIR , VALLABHBAUG LANE , GHATKOPAR EAST , MUMBAI PANTNAGAR , MAHARASTRA,400075
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City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075
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Telephone no.:	Mobile no: 917021728986	Email : dubriyashruti@gmail.com
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DOB: Sep 13, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014671 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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*Gauri*

PRN: 2018016400934813	Eligibility Status: Eligible	Examination form No.: 109808 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PAWAR GAURI SHAHAJI</b>	Mother's Name: JAMUNA	Gender: Female
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Name in Vernacular Language: पवार गौरी शहाजी

Address: BLDG NO 22/H ROOM NO.406 SADGURU KRUPA CHS SANGHARSH NAGAR CHANDIVALI FARM ROAD ANDHERI EAST MUMBAI -72

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072

Telephone no.:	Mobile no: 918104329391	Email : gp41199@gmail.com
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DOB: Apr 22, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283484 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		