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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:

2018016400934821

Eligibility Status:

Eligible

Examination form No.:

109809



Division/Section:

Roll No.:

fishinde

Instruction Medium:

Nationality:

India

Student's Personal Information

Student's Name: **SHINDE JUEELI VIJAY**

Mother's Name: VAIBHAVI

Gender: Female

Name in Vernacular Language: शिंदे जुईली विजय

Address: A/04, Chandanbala Apt., Murar Road, Mulund west

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

Telephone no.:

Mobile no: 919167170823

Email : patilharshala9764@gmail.com

DOB: Jan 12, 2001

Category: Open

Physically Handicap: No

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

Exam Event: Nov-2019

Seat No: 7283747 (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:

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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PRN: 2018016400934844	Eligibility Status: Eligible	Examination form No.: 109810 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAREKH SIDDHARTH RAJNIKANT	Mother's Name: INDU	Gender: Male
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Name in Vernacular Language: पारेख SIDDHARTH
--

Address: 31/68 BHARAT MANSION , BHAUDAJI ROAD MATUNGA

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400019
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Telephone no.: 24114624	Mobile no: 918425063415	Email : siddharthparekh57@gmail.com
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DOB: Jul 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: 7283461 (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: 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: 2018016400934852	Eligibility Status: Eligible	Examination form No.: 109811 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PRABHU SAYALI EKNATH	Mother's Name: VARSHA	Gender: Female
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Name in Vernacular Language: प्रभू सायली एकनाथ

Address: A/101, GURUDATTA PARK CHS, AYRE ROAD, NEAR AAI LAUNDRY, DOMBIVLI EAST

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

Telephone no.:	Mobile no: 918291041536	Email : varsha.prabhu4@gmail.com
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DOB: Oct 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: 7283728 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400934867	Eligibility Status: Eligible	Examination form No.: 109812 	Division/Section:	Roll No.:	Akshay
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHANDAT AKSHAY RUPA	Mother's Name: VASANTI	Gender: Male
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Name in Vernacular Language: चंदात अक्षय रूप

Address: 1/B, JAWAHAR NAGAR, PIPLINE, RAJAWADI, GHATKOPAR EAST

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

Telephone no.:	Mobile no: 919967222920	Email : akshayr Chandat257@gmail.com
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DOB: Sep 01, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283673 (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):

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

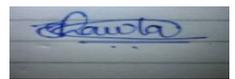
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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2018016400934883	Eligibility Status: Eligible	Examination form No.: 109814 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAWLA TRUSHANGI SURESH	Mother's Name: RUPA	Gender: Female
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Name in Vernacular Language: चवला तृशांगी सुरेश

Address: AMIR KHAN NIWAS CHAWL BHARAT NAGAR, TAGORE NAGAR 1 VIKHROLI EAST

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

Telephone no.:	Mobile no: 919172007100	Email : trushangichawla@gmail.com
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DOB: Jul 09, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283196 (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: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

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PRN: 2018016400934902	Eligibility Status: Eligible	Examination form No.: 109815 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAMBHIA UTSAV KESHAVJI	Mother's Name: HEMLATA	Gender: Male
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Name in Vernacular Language: रमिभिया उत्सव केशवजी

Address: B-13, PATEL CHAWL, PARVATI NIWAS, SUBHASH NAGAR, GHATKOPAR WEST, MUMBAI - 400084.

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

Telephone no.:	Mobile no: 919967222757	Email : utsavrambhia56@gmail.com
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DOB: May 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: 7283502 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400934925	Eligibility Status: Eligible	Examination form No.: 109817 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SOGAM SRUSHTI SURESH	Mother's Name: SUJATA	Gender: Female
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Name in Vernacular Language: सोगम सृष्टी सुरेश

Address: SANTOSH NAGAR, KELKAR WADI GHATLA VILLAGE CHEMBUR

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

Telephone no.:	Mobile no: 918689945962	Email : srushtisogam2000@gmail.com
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DOB: Dec 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: 7283614 (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
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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:		



University of Mumbai, Mumbai

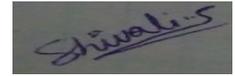
<http://mum.digitaluniversity.ac/>

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

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PRN: 2018016400934933	Eligibility Status: Eligible	Examination form No.: 109818 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGH SHIVALI SHYAM BAHADUR	Mother's Name: RENU	Gender: Female
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Name in Vernacular Language: सिंग शिवली श्याम बहादूर
--

Address: ROOM NO 2 JAY DURGA SOCIETY NETAJI NAGAR KHADI NO 3 KAJUPADA SAKINAKA MUMBAI

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

Telephone no.:	Mobile no: 917400214173	Email : ABHIVIC1297@GMAIL.COM
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DOB: Nov 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: 7283754 (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
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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:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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PRN: 2018016400934941	Eligibility Status: Eligible	Examination form No.: 109819 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR JINAL KISHORE	Mother's Name: KUMUD	Gender: Female
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Name in Vernacular Language: ठक्कर जिंदाल किशोर

Address: 602 SWAMI PRASAD C WING SHELAR PARK KHADAKPADA CIRCLE KALYAN WEST 421301

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

Telephone no.: Mobile no: 917666557426 Email : jinal2742@gmail.com

DOB: Apr 27, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283631 (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:		

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400934956	Eligibility Status: Eligible	Examination form No.: 109820 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN FAKHRUDDIN HISHAMUDDIN	Mother's Name: RAZIYA KHATUN	Gender: Male
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Name in Vernacular Language: خان فخرالدین ہشاموদ্‌دین

Address: NARAYAN NAGAR NEAR AYESHA MASJID BEHIND MUSLIM KABRASTAN, GHATKOPAR(WEST)
--

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

Telephone no.:	Mobile no: 919619568635	Email : khnfakhruddin@gmail.com
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DOB: May 25, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283344 (Status: Pass)
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Exam form appearance type: Fresher

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

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: 2018016400934964	Eligibility Status: Eligible	Examination form No.: 109821 	Division/Section:	Roll No.:
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: MITHIYA NIKITA SURESH	Mother's Name: SHARDA	Gender: Female

Name in Vernacular Language: मिठिया निकिता सुरेश

Address: Room no.2,Chawl no.3, Shivkrupa Soc.,Kherani Road, Asalpha,Ghatkopar(W),Mumbai-400084

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

Telephone no.: Mobile no: 918779455735 Email : nehabhanushali073@gmail.com

DOB: Dec 22, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem I(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7014688 (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:		

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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S.P. Daundkar

PRN: 2018016400934972	Eligibility Status: Eligible	Examination form No.: 109822 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DAUNDKAR SUYASH RAVINDRA	Mother's Name: MANALI	Gender: Male
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Name in Vernacular Language: सुयश रवींद्र दौंडकर
--

Address: Bldg.No: 45, Room.No: 1326, Shree Ganesh Co-op Society Pantnagar, Ghatkopar (East), Mumbai - 400075
--

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

Telephone no.:	Mobile no: 918169511237	Email : suyashmathers19946@gmail.com
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DOB: Dec 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283675 (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):

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: 2018016400934987	Eligibility Status: Eligible	Examination form No.: 109823 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DOSHI VATSAL MITESH	Mother's Name: REENA	Gender: Male
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Name in Vernacular Language: वत्सल दोशी

Address: C3/33 SHANTINIKETAN LBS MARG

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

Telephone no.: 25003627	Mobile no: 919892892810	Email : vatsaldoshi752@gmail.com
-------------------------	-------------------------	----------------------------------

DOB: Feb 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: 7283231 (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	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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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Panchal

PRN: 2018016400934995	Eligibility Status: Eligible	Examination form No.: 109824 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANCHAL AAKRUTI CHANDRAKANT	Mother's Name: VANDANA	Gender: Female
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Name in Vernacular Language: पांचाळ आकृती चंद्रकांत

Address: A/2, PRERNA C.H.S SECTOR-4 SHREE NAGAR, WAGLE ESTATE

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

Telephone no.: 25832111	Mobile no: 917021405748	Email : prakruti9@gmail.com
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DOB: Mar 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: 7283446 (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: 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: 2018016400935004	Eligibility Status: Eligible	Examination form No.: 109825 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN ANJUM KHATUN NAFEEES	Mother's Name: RIZWANA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: अनजुम खतून

Address: 305, 3rd floor, Hameed Apartment CHS Near Masrani Police Chowki New Hall Road, Hallav Pool, Kurla west

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

Telephone no.:	Mobile no: 919773697494	Email : shaheemkh84@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: 7283337 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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Hitesh Patel

PRN: 2018016400935012	Eligibility Status: Eligible	Examination form No.: 109826 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL HITESH HARESH	Mother's Name: MANJULA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: पटेल हितेश हरेश

Address: A/1301, BHAVESHWAR BLDG NO-3, 13TH FLOOR TILAK ROAD GHATKOPAR EAST RAJAWADI

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

Telephone no.:	Mobile no: 917666697467	Email : hitesh7666697467@gmail.com
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DOB: Dec 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283468 (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: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Juzer

PRN:

2018016400935027

Eligibility Status:

Eligible

Examination form No.:

109827



Division/Section:

Roll No.:

Instruction Medium:

Nationality:

India

Student's Personal Information

Student's Name: **KANCHWALA BURHANUDDIN JUZER**

Mother's Name: FATIMA

Gender: Male

Name in Vernacular Language: KANCHWALA BURHANUDDIN JUZER

Address: 402, 4TH FLOOR, NEW SIDDHIVINAYAK CHS. DR. LAZRAS ROAD, CHARAI, THANE WEST

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

Telephone no.:

Mobile no: 919892647652

Email : kfatema196@gmail.com

DOB: Aug 15, 2000

Category: Open

Physically Handicap: No

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

Exam Event: Nov-2019

Seat No: 7283695 (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:

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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PRN: 2018016400935035	Eligibility Status: Eligible	Examination form No.: 109828 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGH ATUL SHARAD	Mother's Name: SITA	Gender: Male
--	---------------------	--------------

Name in Vernacular Language: अतुल सिंग
--

Address: 1/5, INDIRA NAGAR NEAR SHIV MANDIR, SUNDERBAUG LBS MARG, HILL NO-1

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

Telephone no.:	Mobile no: 918452914955	Email : ATULSINGH96199@GMAIL.COM
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DOB: Nov 29, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283607 (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):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400935043	Eligibility Status: Eligible	Examination form No.: 109829 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TAMBOLI NAAZ ALLI BHAI	Mother's Name: BANO	Gender: Female
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Name in Vernacular Language: तंबोली नाज अल्ली भाई

Address: anat maya sangh kamgar nagar kurla (e) mumbai-400024 anat maya sangh kamgar nagar kurla (e) mumbai-400024

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

Telephone no.:	Mobile no: 918655014072	Email : naaztamboli123@gmail.com
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DOB: Jun 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: 7290677 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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Simran

PRN: 2018016400935051	Eligibility Status: Eligible	Examination form No.: 109830 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGH SIMRAN MADAN	Mother's Name: SONY	Gender: Female
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Name in Vernacular Language: सिंग सिमरन मदन

Address: K 6, SHREE KRISHNA SOCIETY SUNDERBAUG KAMANI

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

Telephone no.:	Mobile no: 917021979795	Email : MADANSINGH3642@GMAIL.COM
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DOB: Jan 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: 7283613 (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):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400935066	Eligibility Status: Eligible	Examination form No.: 109831 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RANE SACHIN BALASHANTARAM	Mother's Name: MADHAVI	Gender: Male
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Name in Vernacular Language: राने सचिन बाळाशांताराम

Address: ROOM NO.2, NAVJEEVAN SEVA SOC. SHIVNERI NAGAR, SHINGREWADI BAIL BAZAR
--

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

Telephone no.:	Mobile no: 919969506238	Email : sachinrane1432@gmail.com
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DOB: Feb 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: 7283503 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



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Jigar V.

PRN: 2018016400935082	Eligibility Status: Eligible	Examination form No.: 109832 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VIKMANI JIGAR LAXMICHAND	Mother's Name: RANJAN	Gender: Male
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Name in Vernacular Language:jigar

Address: B/504,MARIGOLD BUILDING BEHIND MANGATRAM PETROL PUMP BHANDUP WEST MUMBAI - 400078
--

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

Telephone no.:	Mobile no: 918652460192	Email : sjigar550@gmail.com
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DOB: Feb 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: 7283765 (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
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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:		



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5-19

PRN: 2018016400935116	Eligibility Status: Eligible	Examination form No.: 109833 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SANGHVI SAHIL HITESH	Mother's Name: FALGUNI	Gender: Male
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Name in Vernacular Language: SAHIL

Address: ROOM NO 1 NEW MATAJI BUILDING NS ROAD MULUND (WEST)
--

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

Telephone no.: 25603300	Mobile no: 917045803916	Email : sahilsanghvi9@gmail.com
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DOB: Sep 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: 7283530 (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
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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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	<p>Student's Signature</p>

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400935132	Eligibility Status: Eligible	Examination form No.: 109834 	Division/Section:	Roll No.:	MKLapasia
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LAPASIA MEET KAMLESH	Mother's Name: ALKA	Gender: Male
--------------------------------------	---------------------	--------------

Name in Vernacular Language: MEET

Address: 502, SPANDAN HORIZON RHB ROAD MULUND - (WEST)
--

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

Telephone no.: 25904192	Mobile no: 918082556603	Email : meet29lapasia@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: 7283373 (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
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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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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: 2018016400935147	Eligibility Status: Eligible	Examination form No.: 109835 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GUPTA ANAND RAMESHCHANDRA	Mother's Name: PARVATI	Gender: Male
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Name in Vernacular Language: गुप्ता आनंद रमेशचंद्र
--

Address: ROOM NO. 8, CHAWL NO. 5, MAHATMA JYOTIBA PHULE NAGAR MUMBAI PUNE ROAD KALWA
--

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605
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Telephone no.:	Mobile no: 919594389577	Email : vikas21121996@gmail.com
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DOB: Dec 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: 7283266 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400935155	Eligibility Status: Eligible	Examination form No.: 109836 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DOSHI ISHA MANISH	Mother's Name: NEETA	Gender: Female
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Name in Vernacular Language: ISHA

Address: ROOM NO 4, ARJUN SMRUTI PANDURANGWADI NANDIVALI ROAD, DOMBIVLI EAST
--

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
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Telephone no.:	Mobile no: 919324022140	Email : darpan.chatan@gmail.com
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DOB: Nov 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: 7283229 (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
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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:

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400935163	Eligibility Status: Eligible	Examination form No.: 109837 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHARWA SAHIL SANTOSH	Mother's Name: HEMA	Gender: Male
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Name in Vernacular Language: खारवा साहिल संतोष

Address: room no 3, s. g. barve nagar, uncipal colony, bhatwadi

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

Telephone no.:	Mobile no: 917977926851	Email : sahilkharwa2001@gmail.com
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DOB: Jan 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: 7283358 (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
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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:		



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PRN: 2018016400935171	Eligibility Status: Eligible	Examination form No.: 109838 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SUTAR MOHAN SANJAY	Mother's Name: SHANTA	Gender: Male
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Name in Vernacular Language: सुतार मोहन संजय
--

Address: JAL PRABHAT ZOPADAPATTI SANGH EASTERN EXPRESS HIGHWAY GHATKOPER (W)
--

City: MUMBAI, Taluka: , District: Mumbai Suburban, State: Maharashtra, PIN: 400075
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Telephone no.:	Mobile no: 918291439699	Email : sutar3746@gmail.com
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DOB: Jun 10, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014637 (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):

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
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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: 2018016400935186	Eligibility Status: Eligible	Examination form No.: 109839 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHINDE SANDESH KASHINATH	Mother's Name: BHAGYASHREE	Gender: Male
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Name in Vernacular Language: शिंदे संदेश काशिनाथ

Address: shivneri chawl no 7, golibar road

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

Telephone no.:	Mobile no: 919167298026	Email : SS6012814@GMAIL.COM
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DOB: Jun 15, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014636 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400935194	Eligibility Status: Eligible	Examination form No.: 109840 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JATHAR SUSHANT DNYANDEO	Mother's Name: SHOBHA	Gender: Male
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Name in Vernacular Language: जठार सुशांत ज्ञानदेव

Address: DATTATRY NAGAR SAPKAL CHAWAL GHATKOPAR (W)

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

Telephone no.:	Mobile no: 918108616242	Email : sushantjathar14@gmail.com
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DOB: Nov 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283299 (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: 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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Shrutee

PRN: 2018016400935205	Eligibility Status: Eligible	Examination form No.: 109841 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: PUJARI SHRUTEE UTTAM	Mother's Name: PARVATI	Gender: Female

Name in Vernacular Language: पुजारी श्रुती उत्तम

Address: ASHOK NAGAR HILL NO 03 RAMABAI AMBEDKAR CHAL NO 2 NETAJI PALKAR ROAD KURLA WEST

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

Telephone no.: Mobile no: 917039812675 Email : sushmitapujari2711@gmail.com

DOB: Feb 17, 2001 Category: Reserved (SC) Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283493 (Status: Fail)

Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400935213	Eligibility Status: Eligible	Examination form No.: 109842 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JADHAV SHITAL SANJAY	Mother's Name: SUPRIYA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: मराठी

Address: ganesh nagar ganesh darshan soc. duck line golibar road

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

Telephone no.:	Mobile no: 918097530048	Email : shitalsj.20@gmail.com
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DOB: May 20, 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: 7290671 (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: 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: 2018016400935221	Eligibility Status: Eligible	Examination form No.: 109843 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: WARADKAR KOMAL RAJENDRA	Mother's Name: ROHINI	Gender: Female
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Name in Vernacular Language: वराडकर कोमल राजेंद्र

Address: Prakash chawl room no 3 Amir baug no 2 Py thorat Marg Chembur Mumbai 89

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

Telephone no.:	Mobile no: 918652898567	Email : komalvaradkar223@gmail.com
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DOB: Mar 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: 7283772 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

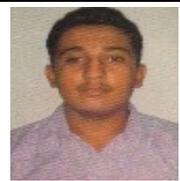
<http://mum.digitaluniversity.ac/>

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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Tejas

PRN: 2018016400935236	Eligibility Status: Eligible	Examination form No.: 109844 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: RAJGOR TEJAS CHETAN	Mother's Name: ALPA	Gender: Male
Name in Vernacular Language: राजगोर तेजस चेतन		
Address: ROOM NO 26 PATEL CHAWL SANTOSH NAGAR DAHISARE AST		
City: MUMBAI, Taluka: Boriwali, District: Mumbai Suburban, State: Maharashtra, PIN: 400068		
Telephone no.:	Mobile no: 917303760885	Email : tejasrajgor285@gmail.com
DOB: Aug 23, 2001	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283731 (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:		

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

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

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

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



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

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PRN: 2018016400935244	Eligibility Status: Eligible	Examination form No.: 109845 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MISTRY RITUL FIROZ	Mother's Name: GEETA	Gender: Female
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Name in Vernacular Language: MISTRY RITUL FIROZ

Address: 60/66, G. N. HEIGHT, FLAT NO. 1001, 10TH FLOOR, MOHAMMED UMAR KOKIL MARG, NISHANPADA, NEAR NOOR MASJID, DONGRI, MUMBAI - 400 009

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400009
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Telephone no.:	Mobile no: 917039947616	Email : muskanm72000@gmail.com
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DOB: Jul 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: 7283411 (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
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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
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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

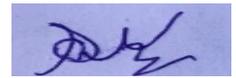
<http://mum.digitaluniversity.ac/>

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

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PRN: 2018016400935252	Eligibility Status: Eligible	Examination form No.: 109846 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KOTHARI SOURABH LALIT	Mother's Name: HEMLATA	Gender: Male
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Name in Vernacular Language: कोठारी सौरभ ललित

Address: 21B purva Akash ganga complex 2nd radobi thane west

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

Telephone no.: 25437039	Mobile no: 919137814154	Email : sourabhkothari666@gmail.com
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DOB: Mar 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: 7283698 (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: Vidyavihar
	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016400935283	Eligibility Status: Provisional	Examination form No.: 109848 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DEDHIYA YASHKUMAR KALPESHKUMAR	Mother's Name: SARLA	Gender: Male
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Name in Vernacular Language: देडिया यशकुमार कल्पेशकुमार

Address: 04/SETHIYA FARIO SAMAGOGA, TALUKA-MUNDRA DIS-KUTCH

City: MUNDRA, Taluka: Mundra, District: Kachchh, State: Gujarat, PIN: 370415
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Telephone no.:	Mobile no: 919724731069	Email : dedhiya.y.786@gmail.com
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DOB: Dec 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: 7283219 (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
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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:

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400935291	Eligibility Status: Eligible	Examination form No.: 109849 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BAPERKAR SAMIKSHA DEEPAK	Mother's Name: SARIKA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: समिक्षा दीपक बापेरकर

Address: ROOM NO.3, KANSE CHAWL, JAWARBHAI PLOT, R.B. KADAM MARG, BHATWADI, GHATKOPAR (W),

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

Telephone no.:	Mobile no: 919167065980	Email : samikshabaperkar@gmail.com
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DOB: Jul 06, 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: 7014627 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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: 2018016400935302	Eligibility Status: Eligible	Examination form No.: 109850 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN SONU JEETMAL	Mother's Name: ANSAI	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: Sonu jeetmal jain
--

Address: A/405 sai shanti bldg Sunilnagar nandivali road Dombivli east
--

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

Telephone no.:	Mobile no: 919867117227	Email : funky37kya@gmail.com
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DOB: Mar 23, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283688 (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
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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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	<p>Student's Signature</p>

Declaration by Principal/HOD/Chairperson

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



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: 2018016400935317	Eligibility Status: Eligible	Examination form No.: 109851 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GHADSHI VISHAL VASANT	Mother's Name: VAISHALI	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: घडशी विशाल वसंत

Address: navdurga chawl ramji nagar bhatwadi ghatkopar west

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

Telephone no.:	Mobile no: 919146752533	Email : vishalghadshi9@gmail.com
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DOB: Nov 10, 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: 7283250 (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: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016400935333	Eligibility Status: Eligible	Examination form No.: 109852 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KAROTI MANGESH MURALI	Mother's Name: VIJAYA	Gender: Male
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Name in Vernacular Language: कऱोटी ढंगेश ढुरली

Address: opp. indian oil nagar, grit residnecy, a wing /503, ghatkopar mankhurd link road

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

Telephone no.:	Mobile no: 918097381302	Email : mangeshkaroti07@gmail.com
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DOB: Dec 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283325 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400935341	Eligibility Status: Eligible	Examination form No.: 109853 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: QURESHI ADNAN AHMED	Mother's Name: AARIFA	Gender: Male
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Name in Vernacular Language: QURESHI अदनान अहमद

Address: NEW TAJ BUILDING 401 CHIRAG NAGAR LBS MARG GHATKOPAR WEST
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City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 917506897486	Email : QADNAN553@GMAIL.COM
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DOB: May 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: 7283729 (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	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):

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: 2018016400935387	Eligibility Status: Eligible	Examination form No.: 109855 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: WALUNJ SONALI SHIVAJI	Mother's Name: SAVITA	Gender: Female
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Name in Vernacular Language: वाळुंज सोनाली शिवाजी

Address: gurukrupa apt sambhaji chowk room no 1

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605
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Telephone no.:	Mobile no: 919892136187	Email : wnikita2297@gmail.com
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DOB: Jan 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: 7283771 (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):

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: 2018016400935414	Eligibility Status: Eligible	Examination form No.: 109856 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GAWADE TEJAS PRAKASH	Mother's Name: POOJA	Gender: Male
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Name in Vernacular Language: गावडे तेजस प्रकाश

Address: S.G. BARVENAGAR MUNICIPAL COLONY , H/2 ROOM NO. 9 BHATWADI GHATKOPAR WEST MUMBAI 400084

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

Telephone no.:	Mobile no: 918828636198	Email : tejasgawade04@gmail.com
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DOB: Nov 04, 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: 7283248 (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
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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:		



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PRN: 2018016400935422	Eligibility Status: Eligible	Examination form No.: 109857 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DESAI ASHOK JAWAHARARAM	Mother's Name: AMBU	Gender: Male
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Name in Vernacular Language: देसाई अशोक जवाहरराम

Address: R NO 302 B WING SHIV PRERNA BUILDING AG LINK ROAD SAKINAKA

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

Telephone no.:	Mobile no: 918879519907	Email : ashokdesai8879@gmail.com
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DOB: Nov 23, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283220 (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: 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: 2018016400935437	Eligibility Status: Eligible	Examination form No.: 109858 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GOPALE SOHAM RANJAN	Mother's Name: JIJA	Gender: Male
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Name in Vernacular Language: गोपाळे सोहम रंजन

Address: R NO 203 A WING SHIV PRERNA HSG SOCIETY ASALPHA VILLAGE SAKINAKA ROAD

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

Telephone no.:	Mobile no: 919702076310	Email : sohamgopale46@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: 7283258 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400935453	Eligibility Status: Eligible	Examination form No.: 109860 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: UDAYAR SHAKTHIESHWARI BABU	Mother's Name: GEETHA	Gender: Female
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Name in Vernacular Language: उदयार शाक्तहीडश्वरी बाबू

Address: G/1 SAMRUTI APARTMENT BAILBAZAR, M.N.ROAD KURLA WEST

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

Telephone no.:	Mobile no: 918655593381	Email : jaga704822@gmail.com
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DOB: Nov 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283642 (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
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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:

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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Jaini/Gada

PRN: 2018016400935476	Eligibility Status: Eligible	Examination form No.: 109861 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GADA JAINI PRAVINBHAI	Mother's Name: HARSHA BEN	Gender: Female
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Name in Vernacular Language: गडा जैनी प्रवीणभाई

Address: 504 DNS tower CHS court naka

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

Telephone no.:	Mobile no: 918169481919	Email : cgada143@gmail.com
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DOB: Jun 05, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283679 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016400935492	Eligibility Status: Eligible	Examination form No.: 109862 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LUGADE MANASI GOPAL	Mother's Name: VANDANA	Gender: Female
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Name in Vernacular Language: लूगडे मानसी गोपाळ

Address: C -5, OM GANESH SOCIETY, GANAPATIPADA, BELAPUR ROAD NEAR HINDALCO COMPANY, KALWA (E), THANE

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

Telephone no.:	Mobile no: 919167307923	Email : mansilugade@gmail.com
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DOB: Mar 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: 7283380 (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: 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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Hadiya

PRN: 2018016400935503	Eligibility Status: Eligible	Examination form No.: 109863 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN HADIYA QAMRUDDIN	Mother's Name: SHAHEEN	Gender: Female
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Name in Vernacular Language: खान हडिया कमरुद्दीन
--

Address: ROOM NO.4, MASALAWALA CHAWL NEW HALL ROAD KURLA WEST

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

Telephone no.:	Mobile no: 917498117096	Email : hadiyaqamruddin@gmail.com
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DOB: Apr 10, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283347 (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):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400935526	Eligibility Status: Eligible	Examination form No.: 109864 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BANE SEJAL KAMLAKAR	Mother's Name: KOMAL	Gender: Female
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Name in Vernacular Language: बने सेजल कमलाकर

Address: Room No 1, building -13, hari om society hanuman lane, S.M marg, takiward kurla west

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

Telephone no.:	Mobile no: 917039889465	Email : rkhopade8@gmail.com
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DOB: Sep 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: 7283157 (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
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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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400935534	Eligibility Status: Eligible	Examination form No.: 109865 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VISARIA SHUBH CHETAN	Mother's Name: HANSA	Gender: Male
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Name in Vernacular Language: विसरीया शुभ चेतन

Address: A/402 Jasmine plaza Bajar Peth Station road Thane (w)

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

Telephone no.: 022	Mobile no: 917045246115	Email : visariashubh789@gmail.com
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DOB: Jun 23, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0108333 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400935542	Eligibility Status: Eligible	Examination form No.: 109866 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THACKER IKSHITA VIMAL	Mother's Name: NAYANA	Gender: Female
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Name in Vernacular Language: ठाकर दिक्षित विमल
--

Address: Room no- 606, B wing, eagle chs, station Road, ghatkopar mumbai 400077

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

Telephone no.:	Mobile no: 919930481772	Email : snehikshita@gmail.com
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DOB: Sep 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: 7283623 (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):

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2018016400935557	Eligibility Status: Eligible	Examination form No.: 109867 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SARDA GAURAV ASHOK	Mother's Name: SANTOSH	Gender: Male
---	------------------------	--------------

Name in Vernacular Language:gaurav

Address: 1704/ornata bldg,dosti imperia manpada,chitalsar,thane(w)
--

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400610
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Telephone no.:	Mobile no: 919167695028	Email : gauravsarda2001@gmail.com
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DOB: Mar 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: 7283533 (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
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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:

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: 2018016400935565	Eligibility Status: Eligible	Examination form No.: 109868 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANJALI KANCHAN RAJU	Mother's Name: AMARMMMA	Gender: Female
---	-------------------------	----------------

Name in Vernacular Language: पंजाली कंचन राजू

Address: C/O. ASLAM ALI RAINE SITARAM KUNJ, 2/8, NEAR ANJALI MEDICAL, LAXMI NARAYAN, MOHILI VILLAGE, SAKINAKA, MUMBAI

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

Telephone no.:	Mobile no: 918652729899	Email : kanchanpanjali@gmail.com
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DOB: Nov 27, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283717 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400935573	Eligibility Status: Eligible	Examination form No.: 109869 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR AYUSH DINESH	Mother's Name: GEETA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: ठक्कर दिनेश आयुष

Address: 327/9, TRIMURTI SOCIETY, HINGWALA LANE, GHATKOPAR MUMBAI

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

Telephone no.:	Mobile no: 919920512837	Email : ayushthakker09@gmail.com
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DOB: Dec 09, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014622 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016400935581	Eligibility Status: Eligible	Examination form No.: 109870 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KENIA DISHA HITESH	Mother's Name: JAGRUTI	Gender: Female
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Name in Vernacular Language: दिशा

Address: 203, Gopinath Apt., Next to Dharma Tower, Sector - 9, Airoli, Navi Mumbai

City: Navi Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400708

Telephone no.:	Mobile no: 919029745333	Email : dishukenia1648@gmail.com
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DOB: Sep 16, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283332 (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:		

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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Ishita

PRN: 2018016400935596	Eligibility Status: Eligible	Examination form No.: 109871 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VORA ISHITA RAKESH	Mother's Name: SEJAL	Gender: Female
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Name in Vernacular Language: इशिता रकेश वोर

Address: 14, Datt Digambar CHS Sant Namdev Path Gograswadi Dombivil east

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

Telephone no.:	Mobile no: 919768177586	Email : voraishta9@gmail.com
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DOB: May 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: 7283770 (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
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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: 2018016400935607	Eligibility Status: Eligible	Examination form No.: 109872 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHOTHANI MIHIR DEEPAK	Mother's Name: DIPTI	Gender: Male
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Name in Vernacular Language: मिहिर

Address: 1303 tower 2 runwal anthurium Lbs marg veena nagar

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

Telephone no.:	Mobile no: 917506648262	Email : MIHIR.CHOHANI123@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: 7283206 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400935623	Eligibility Status: Eligible	Examination form No.: 109874 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JADHAV KIRAN PANDURANG	Mother's Name: ALAKA	Gender: Male
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Name in Vernacular Language: किरण पांडुरंग जाधव

Address: 001, Sahil Plaza-II CHS, Mouje Tisgoan(Gavali Nagar), Vijay Nagar, Kalyan(E)

City: Kalyan, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421306
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Telephone no.:	Mobile no: 919833629868	Email : 510aviharer@gmail.com
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DOB: Mar 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: 7283283 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400935631	Eligibility Status: Eligible	Examination form No.: 109875 	Division/Section:	Roll No.:	<i>Shagvati</i>
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VADHER BHAGVATI ARVIND	Mother's Name: DAKSHABEN	Gender: Female
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Name in Vernacular Language: वाढेर भगवती अरविंद

Address: ROOM NO. 3, GROUND FLOOR, SAI MAULI BLDG., PADWAL NAGAR, WAGLE ESTATE, THANE WEST

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

Telephone no.: Mobile no: 919702812845 Email : bhagvativadher684@gmail.com

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

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283644 (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:
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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: 2018016400935646	Eligibility Status: Provisional	Examination form No.: 109876 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN NIDA FARHEEN MOHD KAMAL	Mother's Name: SHAKRUNISSA	Gender: Female
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Name in Vernacular Language: खान निदा

Address: room no136 , kadam bhai chawl, K-A road , jarimari , sakinaka

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

Telephone no.:	Mobile no: 917666355385	Email : mohiddinpatel7860@gmail.com
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DOB: Sep 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: 7283349 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400935654	Eligibility Status: Eligible	Examination form No.: 109877 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHHADWA ZALAK VINOD	Mother's Name: DAMAYANTI	Gender: Male
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Name in Vernacular Language: छडवा झलक विनोद

Address: BALRAJESHWAR MANDIR 120 INDIRA COLONY MODEL TOWN ROAD BR ROAD

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

Telephone no.: 21644827	Mobile no: 917506604151	Email : zalakvc123@gmail.com
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DOB: Apr 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: 7283197 (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
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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:		



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PRN: 2018016400935662	Eligibility Status: Eligible	Examination form No.: 109878 	Division/Section:	Roll No.:	
Instruction Medium:			Nationality: India		

Student's Personal Information		
Student's Name: JOSHI NAINA JITENDRA	Mother's Name: SANDHYA	Gender: Female
Name in Vernacular Language: Naina		
Address: A/56 mirani nagar Ganesh gawde road Mulund west mumbai 80		
City: Mumbai, Taluka: , District: Mumbai City, State: Maharashtra, PIN: 400080		
Telephone no.:	Mobile no: 918976473077	Email : jnaina@gmail.com
DOB: Oct 03, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283305 (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:		

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

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

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400935677	Eligibility Status: Eligible	Examination form No.: 109879 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN AZIM QAMAR	Mother's Name: SAJIDA	Gender: Male
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Name in Vernacular Language: खान अझीम कमार

Address: 5/16, assisi nagar pl lokhande marg chembur east

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

Telephone no.:	Mobile no: 918652522954	Email : Azim9107@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: 7283341 (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
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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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016400935685	Eligibility Status: Eligible	Examination form No.: 109880 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KANTAWALA FATEMA SHABBIR	Mother's Name: BANOO	Gender: Female
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Name in Vernacular Language: BANOO

Address: 301/C SHANTI NAGAR ANAND KOLIWADA NEAR MUMBRA POLICE STATION

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

Telephone no.: 25464642	Mobile no: 917506962653	Email : fatemarock5253@gmail.com
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DOB: Aug 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: 7283317 (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
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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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	<p>Student's Signature</p>

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400935693	Eligibility Status: Eligible	Examination form No.: 109881 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VARIA PRANALI HARSHAD	Mother's Name: SEEMA	Gender: Female
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Name in Vernacular Language:वरिया प्रणाली हर्षद

Address: 4/5 shamji karamshi wadi camalane kiroal road

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

Telephone no.: Mobile no: 917506126707 Email : jinal.variya23@gmail.com

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

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283648 (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:		

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400935704	Eligibility Status: Eligible	Examination form No.: 109882 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MALUSARE ROHIT SHIVAJI	Mother's Name: NANDA	Gender: Male
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Name in Vernacular Language: मालुसरे रोहित शिवाजी

Address: MOHAN CHAWL SAMBHAJI MITRA MANDAL GOLIBAR ROAD GHATKOPAR WEST
--

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

Telephone no.:	Mobile no: 919172857057	Email : shivajirao2018@gmail.com
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DOB: Oct 18, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283388 (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:

Declaration by Principal/HOD/Chairperson

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

PRN: 2018016400935712	Eligibility Status: Eligible	Examination form No.: 109883 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GIRI KINJAL MAHESH	Mother's Name: PRITI	Gender: Female
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Name in Vernacular Language: गिरी किंजल महेश

Address: 15/3 netaji rd mulund col. mulund west

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

Telephone no.:	Mobile no: 917738714350	Email : kinjugiri456@gmail.com
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DOB: Oct 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: 7283253 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2018016400935727	Eligibility Status: Eligible	Examination form No.: 109884 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MORE RUTUJA SANTOSH	Mother's Name: VANDANA	Gender: Female
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Name in Vernacular Language: मोरे ऋतुजा संतोष

Address: 105 chiranjivi chs tukaram nagar ayre road

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

Telephone no.:	Mobile no: 919594296044	Email : rutujamore4321@gmail.com
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DOB: Mar 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: 7283418 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400935735	Eligibility Status: Eligible	Examination form No.: 109885 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GHAGARE PURVA GAJENDRA	Mother's Name: ARUNA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: घागरे पूर्वा गजेंद्र

Address: ROOM NO:11,JAGGU MATHURA CHAWL PRATAP NAGAR BHANDUP WEST

City: BHANDUP WEST, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400078

Telephone no.:	Mobile no: 919892876161	Email : arunagghagare@gmail.com
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DOB: Feb 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: 7283251 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2018016400935751	Eligibility Status: Eligible	Examination form No.: 109886 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: GALA DIVVY PARESH	Mother's Name: KUSUM	Gender: Male
Name in Vernacular Language: दिव्य		
Address: 302 KUNAL MEERA APARTMENT NEAR RAJPARK SOCIETY DOMBIVALI EAST		
City: DOMBIVALI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 918655185636	Email : galaparth1996@gmail.com
DOB: Nov 08, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283243 (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:		



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Watkars

PRN: 2018016400935766	Eligibility Status: Eligible	Examination form No.: 109887 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: WATKAR SRUSHTI RAJESH	Mother's Name: ROHINI	Gender: Female
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Name in Vernacular Language: वातकर सृष्टी राजेश

Address: 11/404, vastu anand parsik nagar, kharegaon, kalwa, thane

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

Telephone no.:	Mobile no: 918291013048	Email : srushtiwatar2830@gmail.com
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DOB: Nov 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: 7283773 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

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Misbah

PRN: 2018016400935774	Eligibility Status: Eligible	Examination form No.: 109888 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAYYED MISBAH MOINUDDIN	Mother's Name: SHAKILA	Gender: Female
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Name in Vernacular Language: साईड मिस्बाह मोईनुद्दीन
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Address: room no 1091 muslim education soc jari mari kurla andheri road

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072
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Telephone no.:	Mobile no: 918108001538	Email : sayyedmisbah106@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: 7283541 (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: 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: 2018016400935782	Eligibility Status: Eligible	Examination form No.: 109889 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHHEDA HET CHIMANLAL	Mother's Name: RANJAN	Gender: Male
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Name in Vernacular Language: छेडा हेत चिमनलाल

Address: D/703, Navneet Nagar, Deslepada, Near Bhadra Complex, Dombivali (E)

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

Telephone no.:	Mobile no: 919702298480	Email : hetchheda100@gmail.com
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DOB: Jun 23, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014668 (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: 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: 2018016400935797	Eligibility Status: Eligible	Examination form No.: 109890 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAJGOR JENIL KIRIT	Mother's Name: ARCHANA	Gender: Male
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Name in Vernacular Language: राजगोर जेनील किरिट

Address: C 302 VRINDAVAN BLG TUKARAM NAGAR DOMBIVALI EAST

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

Telephone no.:	Mobile no: 918830770034	Email : jenilrajgor77@gmail.com
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DOB: Mar 19, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283500 (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
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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:		



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Sanket

PRN: 2018016400935801	Eligibility Status: Eligible	Examination form No.: 109891 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARAB SANKET BABU	Mother's Name: SANDHYA	Gender: Male
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Name in Vernacular Language: परब संकेत बाबू संध्या

Address: Dattamandir 3, Dattashri co-op Hsg Society Asalfa Jambhlipada, Ghatkopar west, Mumbai-400084

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

Telephone no.:	Mobile no: 918291463623	Email : sanketparab0110@gmail.com
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DOB: May 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: 7283460 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400935816	Eligibility Status: Eligible	Examination form No.: 109892 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHETH SAHIL VIPUL	Mother's Name: PARUL	Gender: Male
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Name in Vernacular Language: शैथ साहिल विपुल

Address: B/9, JAGANNATH BHUVAN V.P.ROAD, MULUND(W) MUMBAI-400080

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

Telephone no.: 25690193	Mobile no: 918097335691	Email : sahilsheth24@gmail.com
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DOB: May 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: 7283584 (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
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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:		



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PRN: 2018016400935824	Eligibility Status: Eligible	Examination form No.: 109893 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAJGOR HARSHIL SANJAY	Mother's Name: NAYANA	Gender: Male
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Name in Vernacular Language: राजगोर हर्षिल संजय

Address: 9/1, Shiv Krupa Bldg, Ambika Nagar Gograswadi, Dombivli East

City: Dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
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Telephone no.:	Mobile no: 919769551321	Email : harshilrajgor01@gmail.com
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DOB: Oct 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: 7283499 (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
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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:

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400935832	Eligibility Status: Eligible	Examination form No.: 109894 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RANGWALA HUSSAIN JUZAR	Mother's Name: MARIYAM	Gender: Male
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Name in Vernacular Language: रंगवला हुसेन जुझर

Address: 284 ROOM NO 2 AMIR BAI CHAWL DR AMBEDKAR CHOWK TEEN NULL KURLA WEST MUMBAI 400070

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

Telephone no.:	Mobile no: 919867476045	Email : shabbir1004@gmail.com
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DOB: Apr 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: 7283505 (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: 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: 2018016400935847	Eligibility Status: Eligible	Examination form No.: 109895 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MOTA SAKSHI VIJAY	Mother's Name: KALPANA VIJAY MOTA	Gender: Female
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Name in Vernacular Language: मोता साक्षी विजय

Address: 14/3 BALARAM NIWAS PATHARLI ROAD GOGRASSWADI DOMBIVALI EAST

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

Telephone no.: Mobile no: 917977230580 Email : SWEETSAKSHI2701@GMAIL.COM

DOB: Jan 27, 2001 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283422 (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:		

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

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

Venue Preference (Code/Name):

To, 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
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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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PRN: 2018016400935855	Eligibility Status: Eligible	Examination form No.: 109896 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MAPARI ANAS ABDULHAMID	Mother's Name: SHAMSHAD	Gender: Male
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Name in Vernacular Language: मापारी नास अब्दुलहमीद

Address: A/404, CITI PALACE 4TH FLOOR MUMBRA DEVI ROAD

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

Telephone no.:	Mobile no: 918767365382	Email : annumapari05@gmail.com
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DOB: Mar 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: 7290674 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400935863	Eligibility Status: Eligible	Examination form No.: 109897 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TONDWALKAR SHWETA GAJANAN	Mother's Name: GEETA	Gender: Female
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Name in Vernacular Language: तोंडवळकर श्वेता गजानन
--

Address: suyog society room no 17 near dhobighat bhandup east

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

Telephone no.:	Mobile no: 918291066004	Email : shwetatondwalkar27@gmail.com
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DOB: May 27, 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: 7283639 (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	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:

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400935871	Eligibility Status: Eligible	Examination form No.: 109898 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGH ROSHANI VIPIN	Mother's Name: BEBI	Gender: Female
--	---------------------	----------------

Name in Vernacular Language: सिंग रोशनी विपीन

Address: SAI SANDESH SOCIETY MAHATMA PHULE ROAD DOMBIVILI WEST

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

Telephone no.:	Mobile no: 919892197354	Email : roshani.singh957@gmail.com
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DOB: Aug 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: 7283611 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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Simran

PRN: 2018016400935886	Eligibility Status: Eligible	Examination form No.: 109899 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN SIMRAN RAJESH	Mother's Name: MANISHA	Gender: Female
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Name in Vernacular Language: जैन सिमरन राजेश

Address: 305 Dombivali ameeet CHS Din dayal cross road, thakurwadi, dombivali (west)

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

Telephone no.:	Mobile no: 917506175426	Email : Simran08@somaiya.edu
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DOB: Feb 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: 7283687 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400935894	Eligibility Status: Eligible	Examination form No.: 109900 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHADRA VEER ARVIND	Mother's Name: JIGNA	Gender: Male
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Name in Vernacular Language: भद्रा वीर अरविंद

Address: 1/1,kanku Uga Chawda Chal,Kaju wadi, Near Jagruti Nagar Metro Station, ghatkopar west
--

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

Telephone no.: 25148473	Mobile no: 919870341908	Email : sagarbhadra7@yahoo.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: 7283165 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



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Jingal

PRN: 2018016400935905	Eligibility Status: Eligible	Examination form No.: 109901 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LODAYA JINESH SHAILESH	Mother's Name: DAKSHA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: लोडया जिनेश शैलेश

Address: SADGURU SEVA SADAN BLG NO 08 RAJAJI PATH DOMBIVLI EAST

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

Telephone no.:	Mobile no: 919773295033	Email : daksha8888@gmail.com
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DOB: Dec 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014685 (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
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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:		



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PRN: 2018016400935913	Eligibility Status: Eligible	Examination form No.: 109902 	Division/Section:	Roll No.:	<i>Manan</i>
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VISARIYA MANAN JITENDRA	Mother's Name: PRAVINA	Gender: Male
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Name in Vernacular Language: विसरिया मनन जितेंद्र

Address: 605 Akruhi park dhobi ali tembi naka thane west
--

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 918104445255	Email : mananvisariya3008@gmail.com
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DOB: Aug 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: 7283651 (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)
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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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Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

To, Director, Board of Examination and Evaluations / The Controller Of Examination,	Place: Vidyavihar
--	--------------------------

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

Declaration by Principal/HOD/Chairperson

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--

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



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Umesh

PRN: 2018016400935921	Eligibility Status: Eligible	Examination form No.: 109903 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOSHI UMESHKUAMR MAHENDRA	Mother's Name: DAKSHABEN	Gender: Male
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Name in Vernacular Language: जेशी उमेशकुमार महेंद्र

Address: B/7, JAI BHAVANI CHAWL TIALK NAGAR SAKINAKA GHATKOPAR WEST

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

Telephone no.: Mobile no: 917045011392 Email : LAKHANIBHUPENDRA051020@GMAIL.COM

DOB: Mar 13, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283308 (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:

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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PRN: 2018016400935952	Eligibility Status: Eligible	Examination form No.: 109904 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH SANKET MAHENDRA	Mother's Name: MEENA	Gender: Male
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Name in Vernacular Language: Shah sanket mahendra

Address: 201,SUVARNA BHUVAN MANPADA ROAD NEAR SHIRODKAR HOSPITAL DOMBIVLI EAST 201 SUVARNA BHUVAN MANPADA ROAD NEAR SHIRODKAR HOSPITAL DOMBIVLI EAST
--

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
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Telephone no.:	Mobile no: 919892699903	Email : meetshh05@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: 7283741 (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
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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,	Place: Vidyavihar
I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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Jinal

PRN: 2018016400935967	Eligibility Status: Eligible	Examination form No.: 109905 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KAPASI JINAL JAYESH	Mother's Name: JYOTI	Gender: Female
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Name in Vernacular Language: कपासी जीनल जयेश

Address: 18, Yashoda Nivas, Rajawadi Road Vidyavihar East

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

Telephone no.: Mobile no: 919004550895 Email : jinalkapasi77@gmail.com

DOB: Dec 02, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283696 (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:

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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PRN: 2018016400935975	Eligibility Status: Eligible	Examination form No.: 109906 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GORI VIDHI NILESH	Mother's Name: RASILA	Gender: Female
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Name in Vernacular Language: गौरी विधी निलेश

Address: 501, a wing, ashapura co-op housin g society limited new maneklal estate, sn mehta road ghatkopar west , mumbai 400086

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

Telephone no.: 25147818 Mobile no: 919820942330 Email : info@hetanshishipping.com

DOB: Dec 11, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283261 (Status: Fail)

Exam form appearance type: Fresher

Paper 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):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400935983	Eligibility Status: Eligible	Examination form No.: 109907 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR RAM HASMUKH	Mother's Name: JYOTI	Gender: Male
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Name in Vernacular Language: ठक्कर राम हसमुख

Address: 20/2ujalabldg ayre road ram nagar dombivli east

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

Telephone no.:	Mobile no: 918291800972	Email : ram.thakkar.357@gmail.com
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DOB: Dec 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: 7283634 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400935991	Eligibility Status: Eligible	Examination form No.: 109908 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SALIAN ADITI SATISH	Mother's Name: SUREKHA	Gender: Female
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Name in Vernacular Language: Salian aditi satish
--

Address: Shubh sadan co-operative housing society B.no. 59, r.no. 105, a wing Tilak nagar, chembur
--

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

Telephone no.:	Mobile no: 919769846263	Email : aditilian2001@gmail.com
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DOB: Jan 10, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283523 (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
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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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	<p>Student's Signature</p>

Declaration by Principal/HOD/Chairperson

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

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



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Ankita Jain

PRN: 2018016400936015	Eligibility Status: Eligible	Examination form No.: 109909 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN ANKITA BHAGWATILAL	Mother's Name: MAINADEVI	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: जैन अंकिता भागवतीलाल

Address: ROOM NO A 1 SHOP NO 10 ARIHANT ELECTRIC AND HARDWARES OPP CHURCH KHERANI ROAD

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

Telephone no.:	Mobile no: 918879836108	Email : ankijain1410@gmail.com
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DOB: Oct 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014657 (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: 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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Ektay

PRN: 2018016400936023	Eligibility Status: Eligible	Examination form No.: 109910 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: YADAV EKTA BHIMRAO	Mother's Name: MANISHA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: यादव एकता भिमराव

Address: PLOT No.34, C-24, Mulund Girija CHS, MHADA COLONY

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

Telephone no.:	Mobile no: 918828620475	Email : yadavekta2001@gmail.com
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DOB: Apr 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: 7283664 (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):

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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Khan

PRN: 2018016400936031	Eligibility Status: Eligible	Examination form No.: 109911 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN SHIMAAZ SHERKHAN	Mother's Name: YASMEEN	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: खान शीमाज शेरखान

Address: PREM JYOT COMPLEX, PREM SAGAR SOCIETY, KAVIT 13/106 GHATKOPAR MANKHURD LINK ROAD, NEAR BANK OF BARODA INDIAN OIL NAGAR, SHIVAJI NAGAR, GOVANDI

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

Telephone no.:	Mobile no: 918652741908	Email : SHARMEEN1KHAN@GMAIL.COM
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DOB: Aug 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: 7283355 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	<p>Student's Signature</p>

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016400936054	Eligibility Status: Eligible	Examination form No.: 109912 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAJPUROHIT VIKAS SINGH JIVRAJ SINGH	Mother's Name: RATAN	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: राजपुरोहित विकास सिंग जीवराज सिंग
--

Address: C-5, JAWAHAR NAGAR NR.ONGC COLONY VIDYAVIAR (E) ROOM NO.86

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

Telephone no.:	Mobile no: 917045095741	Email : DARSHANATRADERS36@GMAIL.COM
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DOB: Sep 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: 7283732 (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
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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:		



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PRN: 2018016400936077	Eligibility Status: Eligible	Examination form No.: 109913 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHRIVASTAV MAYANK SUBHASH	Mother's Name: ANJU	Gender: Male
--	---------------------	--------------

Name in Vernacular Language: श्रीवास्तव मयांक सुभाष

Address: b/101 taramoti apartment near shivai school nahur east

City: mumbai , Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400042

Telephone no.:	Mobile no: 919769322519	Email : mayank290029@gmail.com
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DOB: Nov 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: 7283598 (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
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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:

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400936085	Eligibility Status: Provisional	Examination form No.: 109914 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA JILL HITESHBHAI	Mother's Name: DEEPA	Gender: Female
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Name in Vernacular Language: मेहता जिल
--

Address: 9,sanjiv saden gulsan gali,b.p cross road 1 mulund (w) 9 sanjiv saden ambaji dham near

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

Telephone no.:	Mobile no: 919029696979	Email : jillmehta6@gmail.com
----------------	-------------------------	------------------------------

DOB: Aug 31, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283402 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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Devang

PRN: 2018016400936104	Eligibility Status: Eligible	Examination form No.: 109916 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOBANPUTRA DEVANG HARISH	Mother's Name: DIPTI	Gender: Male
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Name in Vernacular Language: देवांग

Address: 201,RACHNA APARTMENT B/9,GOVERDHAN NAGAR L.B.S ROAD,MULUND{W}

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

Telephone no.: 21640227	Mobile no: 917021308393	Email : harishvjobanputra@gmail.com
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DOB: Nov 09, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283692 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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Valekar

PRN: 2018016400936112	Eligibility Status: Eligible	Examination form No.: 109917 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VALEKAR KAJAL WAMAN	Mother's Name: ANITA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: वाळेकर काजल वामन

Address: CENTRAL RAILWAY COLONY, SABLE NAGAR, PATRA CHAWL, SINDHI CAMP KURLA 24 CENTRAL RAILWAY COLONY, SABLE NAGAR, PATRA CHAWL, SINDHI CAMP KURLA 24

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

Telephone no.:	Mobile no: 919920395083	Email : mohvalekar@gmail.com
----------------	-------------------------	------------------------------

DOB: Oct 18, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283763 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	Student's Signature

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400936127	Eligibility Status: Eligible	Examination form No.: 109918 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ARBOOJ GOURI RAJU	Mother's Name: NIKITA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: अरबूज गौरी राजू
--

Address: R.NO.3, VATSALA BHAWKE CHAWL PARSIWADI GHATKOPAR(W)
--

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

Telephone no.:	Mobile no: 919967520994	Email : gaura1609@gmail.com
----------------	-------------------------	-----------------------------

DOB: Sep 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: 7283147 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400936135	Eligibility Status: Eligible	Examination form No.: 109919 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DUBARIYA HANSA MAHADEV	Mother's Name: SATIBEN	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: डुबरीया हंस महादेव

Address: DEVDAYA NAGAR, PHASE 1, BLDG NO 2/102 THANE WEST

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

Telephone no.:	Mobile no: 918828591979	Email : hansapatel571@gmail.com
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DOB: Apr 30, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0108132 (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
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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

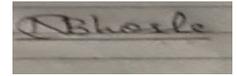
<http://mum.digitaluniversity.ac/>

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PRN: 2018016400936143	Eligibility Status: Eligible	Examination form No.: 109920 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHOSLE NEEDHI CHANDRAKANT	Mother's Name: DIMPLE	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: भोसले निधी चंद्रकांत

Address: 162/5044 kannamwar nagar-1,vikhroli-east

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

Telephone no.: 5795690	Mobile no: 918879349625	Email : nidhibhosle021@gmail.com
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DOB: Apr 21, 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: 7283186 (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: Vidyavihar 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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Handwritten initials

PRN: 2018016400936151	Eligibility Status: Eligible	Examination form No.: 109921 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN AKSH SHRENIK	Mother's Name: DIMPLE	Gender: Male
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Name in Vernacular Language: जैन अक्ष श्रेणिक

Address: B 3 445 kasturi plaza manpada road dombivali east

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

Telephone no.:	Mobile no: 917710035121	Email : aksh210808@gmail.com
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DOB: Aug 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: 7283286 (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: 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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Somaiya

PRN: 2018016400936174	Eligibility Status: Eligible	Examination form No.: 109922 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HETE SIDDHESHWAR MUKUND	Mother's Name: YOGITA	Gender: Male
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Name in Vernacular Language: हेटे सिद्धेश्वर मुकुंद

Address: ROOM NO 13, PADMAVATI BHATCHAWL , NEAR RB KADAM MARG GHATKOPAR(WEST),MUMBAI 400084

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

Telephone no.:	Mobile no: 919867840380	Email : HETESONU11@GMAIL.COM
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DOB: Aug 17, 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: 7283277 (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):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936182	Eligibility Status: Eligible	Examination form No.: 109923 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAVAL MEET AJIT	Mother's Name: PRAVINABEN	Gender: Male
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Name in Vernacular Language: रावल मीट अजित

Address: room no.3 ganesh chawl kalyan west

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

Telephone no.:	Mobile no: 917977249596	Email : ravalajit2222@gmail.com
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DOB: Jun 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: 7283511 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936197	Eligibility Status: Eligible	Examination form No.: 109924 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NOORSWMAR MADIYA SOYAB	Mother's Name: SAJIDA	Gender: Female
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Name in Vernacular Language: नूरस्वमार माडिया सोयाबी

Address: Rahat Apt, A1 Wing, Room No 06, 1st Floor, Old Agra Road, Halav Pool, Kurla(West), Mumbai-400070

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

Telephone no.:	Mobile no: 919967657184	Email : noorsumarsadiq@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: 7283435 (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:		

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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Priyansh

PRN: 2018016400936201	Eligibility Status: Eligible	Examination form No.: 109925 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOSHI PRIYANSH JITENDRA	Mother's Name: JYOTI	Gender: Male
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Name in Vernacular Language: जेशी प्रियांश जितेंद्र

Address: b-701,pranay kiran,bg near bharot wadi hansoti cross lane, kama lane ghatkopar west

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

Telephone no.:	Mobile no: 919819090854	Email : priyanshjoshi2012@gmail.com
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DOB: Oct 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014680 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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Ravina

PRN: 2018016400936224	Eligibility Status: Eligible	Examination form No.: 109926 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: WADHER RAVINA BHIKHUBHAI	Mother's Name: KANCHANBEN	Gender: Female
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Name in Vernacular Language: WADHER RAVINA BHIKHUBHAI

Address: ROOM NO. 403, RAMNIWAS BLDG., KISAN NAGAR NO.1, WAGLE ESTATE, THANE WEST

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

Telephone no.:	Mobile no: 918291388376	Email : ravinawadher2511@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: 7283656 (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
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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: 2018016400936247	Eligibility Status: Eligible	Examination form No.: 109927 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PRABHAKAR EMMANUEL SURESH	Mother's Name: SUSANNA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: प्रभाकर इमॅन्युएल सुरेश
--

Address: ROOM NO 201, STAR APARTMENT HALL VILLAGE ROAD KURLA WEST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070
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Telephone no.: 25040904	Mobile no: 918779297351	Email : susanna_p@rediffmail.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: 7283727 (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):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400936255	Eligibility Status: Eligible	Examination form No.: 109928 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PADHIYAR KIRAN DHANSUKH HANSA	Mother's Name: HANSA	Gender: Male
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Name in Vernacular Language: PADHIYAR KIRAN DHANSUKH HANSA
--

Address: opp. sheetal talav 22, jaya cottage m.n.road, bailbazar kurla,S.O
--

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070
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Telephone no.:	Mobile no: 919769054316	Email : kiranpadhiyar302@gmail.com
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DOB: Nov 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014690 (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
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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:		



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PRN: 2018016400936271	Eligibility Status: Eligible	Examination form No.: 109929 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR MEET ASHOK	Mother's Name: BANSARI	Gender: Male
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Name in Vernacular Language: मीट अशोक ठक्कर

Address: room no 28 3rd floor patilniwas building opp yashwant society kisan nagar 1 wagle estate

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

Telephone no.:	Mobile no: 919833056686	Email : rohanbha84@gmail.com
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DOB: Jun 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014623 (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: 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: 2018016400936294	Eligibility Status: Eligible	Examination form No.: 109930 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAWAR YADNYA MAHENDRA	Mother's Name: MEGHA	Gender: Female
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Name in Vernacular Language: पवार यज्ञ महेंद्र

Address: B55 GEETANJALI CIBA SOCIETY AMRUT NAGAR GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919920700728	Email : yadnyapawar003@gmail.com
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DOB: Apr 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: 7283487 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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Jyoti

PRN: 2018016400936305	Eligibility Status: Eligible	Examination form No.: 109931 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GUPTA JYOTI SHIVPRAKASH	Mother's Name: USHA DEVI	Gender: Female
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Name in Vernacular Language: गुप्ता ज्योति शिवप्रकाश

Address: C-1,343 RAMDAS CHOWK RAJBALI DUBEY CHAWL NEW MILL ROAD KURLA WEST

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

Telephone no.:	Mobile no: 918108425443	Email : chikug276@gmail.com
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DOB: Apr 10, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283269 (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
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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:		



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PRN: 2018016400936313	Eligibility Status: Eligible	Examination form No.: 109932 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MOTA DEVANSHI VIKRAM	Mother's Name: DIMPLE	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: मोटा देवांशी विक्रम

Address: A-204 , Pinewood Swapna nagri , vasant garden Off. lbs marg , Mulund

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

Telephone no.: 21645694	Mobile no: 919619049151	Email : dvmota99@gmail.com
-------------------------	-------------------------	----------------------------

DOB: Nov 09, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283420 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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Pratik

PRN: 2018016400936321	Eligibility Status: Eligible	Examination form No.: 109933 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAWANT PRATIK SUDHIR	Mother's Name: PRANITA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: प्रतिक सुधीर सावंत

Address: 1001/ A wing ,Ambika nagar soc., J.N. Road mulund (west) 1001/ A wing ,Ambika nagar soc., J.N. Road mulund (west)

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

Telephone no.:	Mobile no: 918779770662	Email : pratiksawant610@gmail.com
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DOB: Oct 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: 7283737 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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Handwritten signature

PRN: 2018016400936336	Eligibility Status: Eligible	Examination form No.: 109934 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI HRISHIK CHETAN	Mother's Name: DIPTI	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: **ऋषिक**

Address: 1103-TOWER 3, ROSEWOOD, RUNWAL GREENS, MULUND GOREGAON LINK ROAD, NAHUR WEST

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

Telephone no.:	Mobile no: 917506099707	Email : hrishik01@gmail.com
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DOB: Jan 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: 7283172 (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: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

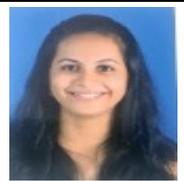
<http://mum.digitaluniversity.ac/>

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PRN: 2018016400936344	Eligibility Status: Eligible	Examination form No.: 109935 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHETTY HARSHITHA SHRIKANT	Mother's Name: CHANDRAKALA	Gender: Female
--	----------------------------	----------------

Name in Vernacular Language: हर्षितही शेटी

Address: 23/PARMANAND CHS,GUPTA ROAD NEAR FORAM BUILDING JAI HIND COLONY,DOMBIVLI WEST

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

Telephone no.:	Mobile no: 917710994751	Email : harshithashetty87@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: 7283589 (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: 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: 2018016400936352	Eligibility Status: Eligible	Examination form No.: 109936 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KUMBHAR VIJAYA GANESH	Mother's Name: ANJANA	Gender: Female
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Name in Vernacular Language: कुंभार विजया गणेश

Address: CHWAL NO 111 ROOM NO 2216 GROUP NO 6 POLICE LINE VIKHROLI EAST

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

Telephone no.:	Mobile no: 919967056929	Email : vijupotter4@gmail.com
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DOB: Oct 07, 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: 7283699 (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
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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:		



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PRN: 2018016400936367	Eligibility Status: Eligible	Examination form No.: 109937 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NALWADE RAKSHANDA ASHOK	Mother's Name: ASMITA	Gender: Female
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Name in Vernacular Language: MARATHI

Address: 709/4 OMKAR CHS GAURISHANKAR WADI NO 2 PANTNAGAR GHATKOPAR EAST MUMBAI 400075
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City: MUMBAI, Taluka: KURLA, District: Mumbai Suburban, State: Maharashtra, PIN: 400075

Telephone no.:	Mobile no: 918355989336	Email : raksnalawad91@gmail.com
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DOB: Aug 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: 7283429 (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
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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:		



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PRN: 2018016400936375	Eligibility Status: Eligible	Examination form No.: 109938 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAUBE KAAJAL UMASHANKAR	Mother's Name: SUSHMA	Gender: Female
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Name in Vernacular Language: चौबे काजल उमाशंकर

Address: House No-149, Village Ward - C, Christian Gaon, Father Peter Pereira Road, Kurla - West

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

Telephone no.:	Mobile no: 919702811754	Email : kaajalchaube123@gmail.com
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DOB: Mar 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: 7283188 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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Drashti

PRN: 2018016400936383	Eligibility Status: Eligible	Examination form No.: 109939 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANCHAL DRASHTI JITENDRA	Mother's Name: SHITAL	Gender: Female
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Name in Vernacular Language: पांचाल हृष्टी जितेंद्र

Address: ROOM NO. 14, 1ST FLOOR, ASHTAVINAYAK BLDG., KISAN NAGAR NO.3, WAGLE ESTATE, THANE WEST

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604
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Telephone no.:	Mobile no: 917400138172	Email : panchaldrashti148@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: 7283449 (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
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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
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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: 2018016400936402	Eligibility Status: Eligible	Examination form No.: 109940 	Division/Section:	Roll No.:	Hemanshi
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TANK HEMANSHI HASMUKH	Mother's Name: HARSHIDABEN	Gender: Female
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Name in Vernacular Language: टॅंक हेमांशी हसमुख

Address: ROOM NO. 403, 4TH FLOOR, SATYAWAN BHUVAN BLDG., PADWAL NAGAR, WAGLE ESTATE, THANE WEST

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604
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Telephone no.:	Mobile no: 917039732588	Email : hemanshitank252@gmail.com
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DOB: Sep 14, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283620 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936417	Eligibility Status: Eligible	Examination form No.: 109941 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DAND ANERI PANKAJ	Mother's Name: SEEMA	Gender: Female
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Name in Vernacular Language: दंड अनेरी पंकज

Address: C 4 204 VEENA NAGAR L B S ROAD MULUND WEST MULUND W
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 918369421665	Email : aneridand9@gmail.com
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DOB: Jan 04, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283215 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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Chopda

PRN: 2018016400936425	Eligibility Status: Eligible	Examination form No.: 109942 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHOPDA MAITRIRANI RAJENDRA	Mother's Name: NIRMALA	Gender: Female
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Name in Vernacular Language: MAITRIRANI

Address: 2B/1004, BHAKTI HEIGHT BLDG NO. 122, TILAK NAGAR CHEMBUR

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

Telephone no.:	Mobile no: 918291584953	Email : MAITRIRANI17@gmail.com
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DOB: Dec 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: 7283203 (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
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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:		



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PRN: 2018016400936433	Eligibility Status: Provisional	Examination form No.: 109943 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH ADNAN MOHD IBRAHIM	Mother's Name: NASREEN	Gender: Male
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Name in Vernacular Language: अदनान

Address: Behind Bhagwati Store, Altaf Nagar, Ganesh Chowk, Golibar Road Ghatkopar (W)

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

Telephone no.:	Mobile no: 917045464478	Email : adnanshaikh476@gmail.com
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DOB: May 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: 7283561 (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
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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:

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400936441	Eligibility Status: Eligible	Examination form No.: 109944 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BAVISKAR ASHISH NAGESH	Mother's Name: LATA	Gender: Male
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Name in Vernacular Language: बाविस्कर आशिष नागेश

Address: HOUSE NO 86, ROBERT RODRIGUES chawl village ward behind rameshwar mandir kurla west

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

Telephone no.:	Mobile no: 919664775090	Email : ashezian@gmail.com
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DOB: Feb 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: 7283162 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016400936456	Eligibility Status: Eligible	Examination form No.: 109945 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JADHAV AADAR ANANDA	Mother's Name: SUJATA	Gender: Male
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Name in Vernacular Language: जाधव आदर आनंद

Address: room no 5 priyadarshani chawl 37 kamraj nagar

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

Telephone no.:	Mobile no: 918652108477	Email : jadhavaadar10@gmail.com
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DOB: Nov 09, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283683 (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
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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:		



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PRN: 2018016400936464	Eligibility Status: Eligible	Examination form No.: 109946 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GALA DHRUV JASMIN	Mother's Name: JASMIN	Gender: Male
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Name in Vernacular Language: गाला ध्रुव जस्मिन
--

Address: 402, Shubham Shreyas Corner Of V P And S L Road Mulund West, Mumbai
--

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

Telephone no.:	Mobile no: 919167776334	Email : dhruvgala3110@gmail.com
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DOB: Oct 31, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283242 (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):

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
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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: 2018016400936472	Eligibility Status: Eligible	Examination form No.: 109947 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LODAYA AADARSH GULAB	Mother's Name: REKHA	Gender: Male
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Name in Vernacular Language: लोडया आदर्श गुलाब

Address: 503, SIDDHIVINAYAK APT CHERA NAGAR MANPADA ROAD DOMBIVALI EAST

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

Telephone no.:	Mobile no: 919167478225	Email : aadarsh4101@gmail.com
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DOB: Jan 04, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283376 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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Adiba

PRN: 2018016400936487	Eligibility Status: Eligible	Examination form No.: 109948 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH ADIBA SHAKEEL AHMED	Mother's Name: ROMANA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: आदिबा

Address: L.I.G Colony, Building No 32, Room No 15 3rd Floor, V.B Nagar Kurla (W), Mumbai 400070

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

Telephone no.:	Mobile no: 919833042860	Email : aliza3960@gmail.com
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DOB: Jan 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: 7283560 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936495	Eligibility Status: Provisional	Examination form No.: 109949 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN YASMINBANO ASHFAQUE	Mother's Name: AFSANA	Gender: Female
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Name in Vernacular Language: खान यास्मिनबानो ashfaque

Address: ROOM NO. 308, BLDG. NO .1, SADBHAVANA SOCIETY, NITYANAND NAGAR GHATKOPAR WEST
--

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

Telephone no.:	Mobile no: 919833160232	Email : yasminkhan143.my@gmail.com
----------------	-------------------------	------------------------------------

DOB: Oct 18, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283357 (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)
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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
Mark Statement Fee	Total:		

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

Venue Preference (Code/Name):

To, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date: Student's Signature
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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: 2018016400936522	Eligibility Status: Eligible	Examination form No.: 109951 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LAGARE HRITIKA MILIND	Mother's Name: HARSHADA	Gender: Female
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Name in Vernacular Language: लगारे ह्रितिका मिलिंद

Address: 25 dakshata co-op housing society 403/A-wing tilak nagar, chembur mumbai

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

Telephone no.:	Mobile no: 918055318999	Email : harshadalagare@gmail.com
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DOB: Aug 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: 7283700 (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
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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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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Komal

PRN: 2018016400936537	Eligibility Status: Eligible	Examination form No.: 109952 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KAROTRA KOMAL HIRJI	Mother's Name: JAVI	Gender: Female
--	---------------------	----------------

Name in Vernacular Language: क़रोतर कोमल हिरजी

Address: 9/9 JAWAHAR NAGAR ,BEHIND ONGC COLONY ,RAJAWADI . VIDYAVIHAR EAST ,GHATKOPAR .

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

Telephone no.: Mobile no: 919769446474 Email : komalkarotra421@gmail.com

DOB: Jun 08, 2001 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283326 (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:
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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: 2018016400936545	Eligibility Status: Eligible	Examination form No.: 109953 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GOR ADITYA NILESH	Mother's Name: HEENA	Gender: Male
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Name in Vernacular Language: आदित्य

Address: A/401 KANT AMRUT NAGAR CHS GHATKOPAR - WEST
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 918169757026	Email : adityagor690@gmail.com
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DOB: Apr 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: 7283260 (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: Vidyavihar 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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YOGESH

PRN: 2018016400936553	Eligibility Status: Eligible	Examination form No.: 109954 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VISHWAKARMA YOGESH OMPRAKASH SHEELA	Mother's Name: SHEELA	Gender: Male
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Name in Vernacular Language: विश्वकर्मा योगेश ओमप्रकाश शीला

Address: ROOM NO 7, APNA CHS NEAR GANESH NAGAR PANCHKUTIR

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400076

Telephone no.:	Mobile no: 917045014719	Email : yogeshvishwakarma1911@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: 7283652 (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
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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:		



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PRN: 2018016400936561	Eligibility Status: Eligible	Examination form No.: 109955 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHRIVASTAVA ANURADHA SUNIL	Mother's Name: SILUDEVI	Gender: Female
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Name in Vernacular Language: श्रीवास्तव अनुराधा सुनील

Address: 603/D POOJA PUSHP GHODBUNDER ROAD WAGHBIL
--

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

Telephone no.:	Mobile no: 919820490367	Email : nehashrivastava978@gmail.com
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DOB: Oct 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: 7283599 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	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: Vidyavihar 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: 2018016400936576	Eligibility Status: Eligible	Examination form No.: 109956 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GODE KEDAR VIJAY	Mother's Name: VAISHALI	Gender: Male
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Name in Vernacular Language: गोडे केदार विजय

Address: 2A/11, NMM SOCIETY KALWA WEST

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

Telephone no.:	Mobile no: 918369989379	Email : kedargode@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: 7283254 (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
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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:		



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PRN: 2018016400936584	Eligibility Status: Eligible	Examination form No.: 109957 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GADA KOMAL JAYESH	Mother's Name: KALPANA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: KALPANA

Address: 502 ,SAI FLORA , SAI COMPLEX NAVGHAR ROAD ,MULUND EAST MUMBAI
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400081
--

Telephone no.:	Mobile no: 919769028789	Email : gadakomal4@gmail.com
----------------	-------------------------	------------------------------

DOB: Jun 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: 7283240 (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	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):

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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Ruchi

PRN: 2018016400936592	Eligibility Status: Eligible	Examination form No.: 109958 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH RUCHI VIREN	Mother's Name: SEJAL	Gender: Female
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Name in Vernacular Language: शाह रुची वीरेन

Address: 002, AMBEDHAM CHS LTD PLOT NO- 174 SECTOR- 28, VASHI

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

Telephone no.: 27653453	Mobile no: 919619992914	Email : palshah154@gmail.com
-------------------------	-------------------------	------------------------------

DOB: Mar 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: 7283553 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936603	Eligibility Status: Eligible	Examination form No.: 109959 	Division/Section:	Roll No.:	S. G. Joshi
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOSHI SHREYA GIRISH	Mother's Name: GEETA	Gender: Female
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Name in Vernacular Language: SHREYA

Address: A/21, Ambika Estate Vallabhbaug Cross Lane Ghatkopar (East)
--

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

Telephone no.:	Mobile no: 919920598733	Email : shreyajoshi948@gmail.com
----------------	-------------------------	----------------------------------

DOB: Dec 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: 7014681 (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)
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SN	Paper Code	Paper Name	AM - AT
1	83003	Commerce Paper III	Th-UA []
2	83009	Commerce Paper IV	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

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400936611	Eligibility Status: Eligible	Examination form No.: 109960 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI DIVYA RAMESH	Mother's Name: JASMINA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: भानुशाली दिव्या रमेश

Address: ROOM NO. 42, 4TH FLOOR, YAMUNA SADAN, KISAN NAGAR NO.1, WAGLE ESTATE, THANE WEST

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

Telephone no.:	Mobile no: 919594796013	Email : bhanushali.divya70@gmail.com
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DOB: Jan 02, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283171 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400936634	Eligibility Status: Eligible	Examination form No.: 109961 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH RIYA HARSHAD	Mother's Name: KETKI	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: शाह रिया हर्षद केतकी

Address: 209/5672 ANITA KUTIR C WING 90 FEET ROAD GHATKOPAR EAST
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075
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Telephone no.: 25017072	Mobile no: 919987831052	Email : riyashah2139@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: 7283552 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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Bhagat

PRN: 2018016400936642	Eligibility Status: Eligible	Examination form No.: 109962 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: BHAGAT ASHWINI ASHOK	Mother's Name: PUSHPA	Gender: Female

Name in Vernacular Language: भगत अश्विनी अशोक

Address: SHRAMJIVI NAGAR, VASANT NAIK MARG, NEAR POSTAL COLONY TEMBE NAGAR, CHEMBUR

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

Telephone no.: Mobile no: 919082505916 Email : ashwinibhagat461@gmail.com

DOB: Feb 25, 2000 Category: Reserved (OBC) Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283166 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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S.K.

PRN: 2018016400936657	Eligibility Status: Eligible	Examination form No.: 109963 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: UTEKAR SAI GANESH	Mother's Name: VIJAYA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: उतेकर साई गणेश

Address: 21/1110 MHB COLONY SATYA VIJAY CHSL, SARDAR NAGAR NO.1 HEMANT MANJERKAR MARG, SION KOLIWADA MUMBAI.

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

Telephone no.:	Mobile no: 917718098911	Email : saiatekar17@gmail.com
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DOB: Jul 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: 7283643 (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: 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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Dhara

PRN: 2018016400936665	Eligibility Status: Eligible	Examination form No.: 109964 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SATRA DHARA BHARAT	Mother's Name: LILAVATI	Gender: Female
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Name in Vernacular Language: धारा

Address: 358/E, GANGARAM KHATRI WADI THAKUDHWAR MUMBAI 400002

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400002

Telephone no.:	Mobile no: 919820260138	Email : dharasatra5@gmail.com
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DOB: Oct 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283534 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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Nishant Silwal

PRN: 2018016400936673	Eligibility Status: Eligible	Examination form No.: 109965 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SILWAL NISHANT BHAGIRATH SAVITRI	Mother's Name: SAVITRI	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: सिलवाल निशांत भगीरथ सावित्री

Address: A-13 ankur bulding Opposite iit Main gate near municipal school Powai
--

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400076

Telephone no.: 25782883	Mobile no: 919833840791	Email : nishantsilwal@gmail.com
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DOB: Jan 17, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283604 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936681	Eligibility Status: Eligible	Examination form No.: 109966 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PALAN MANSHI HITESH	Mother's Name: HEMLATA	Gender: Female
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Name in Vernacular Language: पालमंशी हिताेश

Address: A/102, Jai Balaji Darshan Gupte Road Jai Hind Colony, Dombivli West
--

City: Dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202
--

Telephone no.:	Mobile no: 919167784851	Email : vidhithakker2480@gmail.com
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DOB: Sep 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: 7283443 (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
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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:

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400936696	Eligibility Status: Eligible	Examination form No.: 109967 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATHAK ANUSHKANKSHA BHUPENDRA	Mother's Name: CHHAYA	Gender: Female
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Name in Vernacular Language: Pathak Anushkanksha Bhupendra
--

Address: Pathak Chawl Sri sai society Anandgarh behind shankar temple vikhroli Parksite

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

Telephone no.:	Mobile no: 918976474250	Email : anu232001@gmail.com
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DOB: Apr 23, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283479 (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
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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:		



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Radwal

PRN: 2018016400936707	Eligibility Status: Eligible	Examination form No.: 109968 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PADWAL PAYAL KHANDU	Mother's Name: KALPANA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: पडवळ पायल खंडू

Address: 219, VIJAY COMMITTEE SANE GURUJI NAGAR ASALPHA

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

Telephone no.:	Mobile no: 918433632091	Email : padwalpayal2k@gmail.com
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DOB: Sep 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: 7283440 (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
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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:		



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

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PRN: 2018016400936723	Eligibility Status: Eligible	Examination form No.: 109969 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NAVLE SANJANA PREMNATH	Mother's Name: SHANTA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: NAVLE SANJANA PREMNATH

Address: SANGHMITRA CHS TILAK NAGAR ROOM NO 18 C WING 3RD FLOOR CHEMBUR MUMBAI 400089

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

Telephone no.:	Mobile no: 919768241335	Email : karunakarivan@yahoo.com
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DOB: Dec 04, 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: 7283713 (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
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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:		



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PRN: 2018016400936731	Eligibility Status: Eligible	Examination form No.: 109970 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VYAPARI VAISHNAVI RAJARAM VAIJAYANTA	Mother's Name: VAIJAYANTA	Gender: Female
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Name in Vernacular Language: व्यापारी वैष्णवी राजाराम वैजयंता

Address: Room no. 30, 4th Floor, Raghunath Smruti, Veer Mata Jijabai Bhosle Road, Opp. Ramchandra Complex, Ganesh Nagar

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

Telephone no.:	Mobile no: 919869189862	Email : vajanta1976@gmail.com
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DOB: Mar 03, 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: 7283655 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936754	Eligibility Status: Eligible	Examination form No.: 109972 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN SHAHZADI FATIMA MOHD YUNUS	Mother's Name: FARIDA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: खान शहजादी फातिमा मोहद युनुस

Address: PREMIER RESIDENCIES, J WING 3RD FLOOR, 301, OPP. KOHINOOR CITY PHASE 1

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070
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Telephone no.:	Mobile no: 917506238789	Email : khan.asif191096@gmail.com
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DOB: Jul 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: 7283354 (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
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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:		



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PRN: 2018016400936762	Eligibility Status: Eligible	Examination form No.: 109973 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHADRA URVASHI DEEPAK	Mother's Name: GEETA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: भद्रा उर्वशी दीपक
--

Address: 19/3 tulsi sadan opp hira moti society kishan nagar, thane west
--

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

Telephone no.:	Mobile no: 918779789558	Email : divya@gmail.com
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DOB: Sep 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: 7014660 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936777	Eligibility Status: Eligible	Examination form No.: 109974 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ARTI RAMSARAN YADAV	Mother's Name: SUNITA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: आरती रंसारं यादव

Address: abhang blg shivaji nagar vidyavihar abhang blg shivaji nagar vidyavihar abhang blg shivaji nagar vidyavihar

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

Telephone no.:	Mobile no: 918286198622	Email : vaishnavivyapari03@gmail.com
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DOB: Aug 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: 7283662 (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: 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: 2018016400936785	Eligibility Status: Eligible	Examination form No.: 109975 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VORA URVI RASHMIN	Mother's Name: JIGNA	Gender: Female
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Name in Vernacular Language: वोरा उर्वी रश्मीन

Address: B/7, ANAND MAHAL, Cama cross lane, Ghatkopar West

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

Telephone no.:	Mobile no: 919820553688	Email : voraurvi1990@gmail.com
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DOB: Sep 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: 7283654 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936793	Eligibility Status: Eligible	Examination form No.: 109976 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DHURI YOGESH PRAKASH	Mother's Name: ANANDI	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: धुरी योगेश प्रकाश
--

Address: GANESH SOCIETY NALANDA NAGAR V N MARG GHATKOPAR EAST

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

Telephone no.:	Mobile no: 919768907885	Email : yogeshdhuri1702@gmail.com
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DOB: Feb 17, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283677 (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):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936804	Eligibility Status: Eligible	Examination form No.: 109977 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KAZI AFNAAN ABDUL RAHIM	Mother's Name: FATIMA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: काज़ी अफनां अब्दुल रहीम
--

Address: C/206 KASHYAP APARTMENT UDAY NAGAR MUMBRA THANE
--

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

Telephone no.:	Mobile no: 919819916196	Email : sanushaikh8080@gmail.com
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DOB: Jun 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: 7283331 (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
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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:

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: 2018016400936812	Eligibility Status: Eligible	Examination form No.: 109978 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH SADIA PARVEEN ABDUL SATTAR	Mother's Name: RUKHSANA	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: शेख साडीला परवीन अब्दुल सत्तर
--

Address: ROOM NO 07 AZAD CO OP HSG SOC GAIBANSHAH DARGHA ROAD NARAYAN NAGAR

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

Telephone no.:	Mobile no: 919137189284	Email : shaziashaikh092@gmail.com
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DOB: Sep 24, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283573 (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)
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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:		

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

Venue Preference (Code/Name):

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

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Santosh

PRN: 2018016400936827	Eligibility Status: Eligible	Examination form No.: 109979 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAL RADHESHYAM SUBARAN	Mother's Name: HIRAVATI	Gender: Male
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Name in Vernacular Language: पाल राधेश्याम पाल

Address: PLOT no.6 cluster no.33 cidco colony ,ishwarnagar,opp sanjeevani vidyalaya digha,navi mumbai kalwa (e)

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

Telephone no.:	Mobile no: 919029595270	Email : palsantosh93@gmail.com
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DOB: Aug 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: 7283442 (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: 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: 2018016400936835	Eligibility Status: Eligible	Examination form No.: 109980 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MAPKAR ALFIYA NAWAB	Mother's Name: SAJIDA	Gender: Female
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Name in Vernacular Language: मापकार अँफिया नवाब

Address: ROOM NO 202 2ND FLOOR, ASHA APARTMENT, OLD MUMBAI PUNE ROAD, OPP REHMA MASJID, BOMBAY COLONY, MUMBRA

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

Telephone no.:	Mobile no: 918291388667	Email : alfimapkar82@gmail.com
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DOB: Aug 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: 7283396 (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: Vidyavihar
	Date:

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

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



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PRN: 2018016400936843	Eligibility Status: Eligible	Examination form No.: 109981 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PADACHH DEEP DEEPAK	Mother's Name: DIVYA	Gender: Male
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Name in Vernacular Language: पदच्य दीप दीपक

Address: 802, GAYATRIDHAM TOWER DERASAR LANE GHATKOPAR (EAST)

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

Telephone no.: 25013449	Mobile no: 919867835164	Email : deeppadachh@gmail.com
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DOB: Apr 05, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283436 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

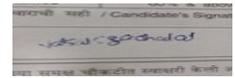
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PRN: 2018016400936851	Eligibility Status: Eligible	Examination form No.: 109982 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SACHALA VATSAL SURESH	Mother's Name: SHEETAL	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: साचला वत्सल सुरेश
--

Address: 71/8, Navneet, Garodia Nagar Ghatkopar East. Mumbai-400077

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

Telephone no.:	Mobile no: 918850744467	Email : vatsal.sachala19@gmail.com
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DOB: Jul 19, 1998	Category: Open	Physically Handicap: Learning Disability
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283520 (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	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):

Venue Preference (Code/Name):

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

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

Place: Vidyavihar

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936866	Eligibility Status: Eligible	Examination form No.: 109983 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MODHWADIA YASH KISHOR	Mother's Name: NEETA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: मध्वादीया यश किशोर

Address: B/7 KAILAS CASTLE 2ND FLOOR V B LANE GHATKOPAR EAST
--

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

Telephone no.:	Mobile no: 919167402002	Email : yashmodhwadiaym200@gmail.com
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DOB: Aug 09, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283414 (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	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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936874	Eligibility Status: Eligible	Examination form No.: 109984 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA SEJAL NITIN	Mother's Name: SANGEETA	Gender: Female
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Name in Vernacular Language:sejal

Address: room no.2,maruti chawl,mangtram petrol pump,bhandup west,mumbai-78 -shop no.6,mangtram petrol pump,bhandup west
--

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078
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Telephone no.:	Mobile no: 919619840790	Email : Sejalmehta7118@gmail.com
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DOB: Nov 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: 7283704 (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
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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:		



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PRN: 2018016400936882	Eligibility Status: Eligible	Examination form No.: 109985 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANDEY SAKSHI SHRI KRISHNA	Mother's Name: MAMATA DEVI	Gender: Female
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Name in Vernacular Language: पांडे साक्षी श्री कृष्ण

Address: SANT ROHIDAS RD KALA KILLA DHARAVI sangam galli 90 feet road near baba store dharavi

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400017

Telephone no.:	Mobile no: 917738549126	Email : Vijayk945100@gmail.com
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DOB: Jun 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: 7283716 (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
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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:		



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PRN: 2018016400936897	Eligibility Status: Eligible	Examination form No.: 109986 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MALLICK PRITI BHUPATI	Mother's Name: NAMITA	Gender: Female
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Name in Vernacular Language: मल्लिक प्रीती भूपती

Address: DURGA GURU KRUPA CHAWL, NO. 2, R.NO. 5, HOUSE NO. 2 NEAR SARASWATI SCHOOL, KATEMANIVALI, KALYAN EAST

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

Telephone no.:	Mobile no: 918452994151	Email : mallickpriti08@gmail.com
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DOB: Feb 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: 7283387 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936901	Eligibility Status: Eligible	Examination form No.: 109987 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HARSORA VARSHA KAMLESH	Mother's Name: SUSHMA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: हरसोरा वर्षा कमलेश

Address: 2, Laxmi Niwas Chawl, kajupada pipeline, kurla west

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

Telephone no.:	Mobile no: 917738249037	Email : harsoravarsha43@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: 7014659 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936916	Eligibility Status: Eligible	Examination form No.: 109988 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANSOORI MOHD AZAD MOHD AHMED	Mother's Name: SALIMUNISSA	Gender: Male
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Name in Vernacular Language: मन्सूरी मोहम्मद आजाद मोहम्मद अहमद
--

Address: Plot 43/D/19, Road no. 6 Shivaji Nagar Govandi

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

Telephone no.:	Mobile no: 919920386551	Email : mazad4697@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: 7283389 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936932	Eligibility Status: Eligible	Examination form No.: 109989 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA KRISHA RAKESH	Mother's Name: BHAVNA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: Mehta Krishna Rakesh

Address: D 18 Indraprasth, Sarvodaya nagar, Mulund west

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

Telephone no.:	Mobile no: 919987706002	Email : krishamehta50@gmail.com
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DOB: Mar 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283703 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	<p>Student's Signature</p>

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936947	Eligibility Status: Eligible	Examination form No.: 109990 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: POTE SARANG SHRIKANT SHREYA	Mother's Name: SHREYA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: POTE SARANG SHRIKANT SHREYA
--

Address: A-202, GOPAL BAUG CHS, BEHIND DNC SCHOOL, SUNIL NAGAR, DOMBIVLI (EAST) 421201
--

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
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Telephone no.:	Mobile no: 919930116999	Email : sanika2604pote@gmail.com
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DOB: May 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: 7283726 (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
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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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Mayuri

PRN: 2018016400936963	Eligibility Status: Eligible	Examination form No.: 109992 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHALE MAYURI GOVIND	Mother's Name: GEETANJALI	Gender: Female
--	---------------------------	----------------

Name in Vernacular Language: खळे मयुरी गोविंद

Address: dawande chawl room no. 17 parshiwadi ghatkopar west

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

Telephone no.:	Mobile no: 918976798306	Email : mayurikhale225@gmail.com
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DOB: Feb 25, 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: 7283333 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400936986	Eligibility Status: Eligible	Examination form No.: 109993 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAVAN TANAYA SHANKAR	Mother's Name: VANDANA	Gender: Female
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Name in Vernacular Language: TANAYA

Address: sumitra sadan ganesh nagar parerawadi sakinaka kurla Mumbai 400072

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

Telephone no.:	Mobile no: 919594260587	Email : akshayaadam14@gmail.com
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DOB: Dec 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: 7283193 (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
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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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Signature

PRN: 2018016400936994	Eligibility Status: Provisional	Examination form No.: 109994 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NETAM SWAPNIL MAYA RAM NETAM	Mother's Name: HEMLATA NETAM	Gender: Male
---	------------------------------	--------------

Name in Vernacular Language: स्वप्निल नेताम

Address: C-788 Kaveri Vihar NTPC Township Jamniali KORBA
--

City: Korba, Taluka: Katghora, District: Korba, State: Chhattisgarh, PIN: 495450
--

Telephone no.:	Mobile no: 918989799763	Email : swapnil.netam@gmail.com
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DOB: Aug 13, 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: 7283432 (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
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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: 2018016400937011	Eligibility Status: Eligible	Examination form No.: 109995 	Division/Section:	Roll No.:	<i>R.S. Jadhav</i>
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JADHAV ROHIT SANTOSH	Mother's Name: SUPRIYA	Gender: Male
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Name in Vernacular Language: जाधव रोहित संतोष

Address: OPP ONGC COLONY ROOM NO 419 , BHIM NAGAR TANSI PIPE LINE, RAJAWADI

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

Telephone no.:	Mobile no: 918898604062	Email : RJ55638@GMAIL.COM
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DOB: Mar 31, 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: 7283284 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937026	Eligibility Status: Eligible	Examination form No.: 109996 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BAROT SAURAV PRAKASH	Mother's Name: SHILPA	Gender: Male
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Name in Vernacular Language: बरोट सौरव प्रकाश

Address: ROOM NO. 1 LADKORBAI 53/55 KAPOL WADI M G ROAD GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919819554550	Email : rushibarot12@gmail.com
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DOB: Mar 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014628 (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: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400937042	Eligibility Status: Eligible	Examination form No.: 109998 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHAITI SNEHA SHAILESH	Mother's Name: PALLAVI	Gender: Female
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Name in Vernacular Language: भाटी स्नेहा शैलेश
--

Address: b-1/206, Sai Shraddha Chs Ganesh Gawde Road Mulund

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

Telephone no.:	Mobile no: 918693007118	Email : bhattisneha3012@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: 7283671 (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):

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
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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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Sachin

PRN: 2018016400937057	Eligibility Status: Eligible	Examination form No.: 109999 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TALAPHDAR SACHIN MANOJ	Mother's Name: MEENA	Gender: Male
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Name in Vernacular Language: सचिन मनोज तलफदार

Address: RADHA KRISHNA MITRA MANDAL, NEAR RADHA KRISHNA MANDIR, BHASKARNAGAR, KALWA(E), THANE-400605 RADHA KRISHNA MITRA MANDAL, NEAR RADHA KRISHNA MANDIR, BHASKARNAGAR, KALWA(E), THANE-400605

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

Telephone no.:	Mobile no: 918422057186	Email : www.sachintalaphdar786570@gmail.com
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DOB: May 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: 7283619 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937065	Eligibility Status: Eligible	Examination form No.: 110000 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MARU VIREN JAYANTILAL GEETA	Mother's Name: GEETA	Gender: Male
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Name in Vernacular Language: मारू वीरेन जयंतीलाल गीता

Address: 85/2360, GROUND FLOOR, KANNAMWAR NAGAR-2, VIKHROLI(EAST)

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

Telephone no.:	Mobile no: 919773288139	Email : jayantilamaru@ymail.com
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DOB: Jun 02, 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: 7283399 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937073	Eligibility Status: Eligible	Examination form No.: 110001 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAUT YASH ANANT	Mother's Name: APARNA	Gender: Male
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Name in Vernacular Language: मराठी

Address: SARASWATI CO-OP HSG. SOC. LTD B-31, 2nd Floor Shree Nagar, Wagle Estate
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City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604
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Telephone no.:	Mobile no: 919769460499	Email : yashraut042@gmail.com
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DOB: Aug 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: 7283733 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



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R.N.Shah

PRN: 2018016400937081	Eligibility Status: Provisional	Examination form No.: 110002 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH RUSHABH NILESHKUMAR	Mother's Name: SHEELA	Gender: Male
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Name in Vernacular Language: SHAH RUSHABH NILESH
--

Address: B/21,THIRD FLOOR,SHREE SAI DARSHAN SANGEETAWADI,L.N.CROSS ROAD, MANPADA ROAD DOMBIVLI(EAST)
--

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

Telephone no.: 2432625	Mobile no: 917710839132	Email : rushushah029@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: 7283554 (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	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):

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: 2018016400937096	Eligibility Status: Eligible	Examination form No.: 110003 	Division/Section:	Roll No.:	<u>P.N. Parab</u>
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARAB PANKAJ NAMDEV	Mother's Name: NAMITA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: परब पंकज नामदेव

Address: ROOM NO 4 SAI PRASAD CHAWL RAM NAGAR TEMBIPADA ROAD BHANDUP WEST MUMBAI

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

Telephone no.:	Mobile no: 918451958596	Email : parabpankaj22@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: 7283459 (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):

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

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937115	Eligibility Status: Eligible	Examination form No.: 110004 	Division/Section:	Roll No.:
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: DHARAMSEY STUTI MANOJ	Mother's Name: GEETA	Gender: Female
Name in Vernacular Language: stuti		
Address: B/701 MARUTI APT J.N.CROSS ROAD		
City: MUMBAI, Taluka: MULUND, District: Mumbai City, State: Maharashtra, PIN: 400080		
Telephone no.: 25679987	Mobile no: 917506040302	Email : stutidharamsey@gmail.com
DOB: Mar 05, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283224 (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:		

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

To, 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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PRN: 2018016400937123	Eligibility Status: Eligible	Examination form No.: 110005 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MIRZA RUQAYYA FURQAN BEG	Mother's Name: REHANA BANU	Gender: Female
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Name in Vernacular Language: मिर्जा रुकय्या फुरकन बेग

Address: PLOT NO 26 H BLOCK ROOM NO 1557 LOTUS COLONY GOVANDI

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

Telephone no.:	Mobile no: 918268126682	Email : iamshanamirza93@gmail.com
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DOB: Jun 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: 7283708 (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):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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Devendra

PRN: 2018016400937131	Eligibility Status: Eligible	Examination form No.: 110006 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BANE DEVENDRA VISHWANATH	Mother's Name: SAYALI	Gender: Male
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Name in Vernacular Language: बने देवेंद्र विश्वनाथ
--

Address: c17 NILKANT CHS KARVE RD NEAR GOKUL BANGLOW DOMBIVLI WEST
--

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

Telephone no.:	Mobile no: 918169052796	Email : devendrabane70@gmail.com
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DOB: Apr 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: 7283670 (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):

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

Declaration by Principal/HOD/Chairperson

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



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

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

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Karia

PRN: 2018016400937146	Eligibility Status: Eligible	Examination form No.: 110007 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KARIA KISHAN HIMANSHU	Mother's Name: JASMINE	Gender: Male
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Name in Vernacular Language: कारिया किशन हिमांशू

Address: bldg no 5 guruprerana 3 floor room no 14 near alok hotel naikwadi naupada thane west

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

Telephone no.:	Mobile no: 919773732207	Email : kishankaria7@gmail.com
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DOB: Sep 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: 7283323 (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>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2018016400937154	Eligibility Status: Eligible	Examination form No.: 110008 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GOKHARU DIVYA SUNIL	Mother's Name: ASHA	Gender: Female
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Name in Vernacular Language: गोखरू दिव्या सुनील

Address: 311/504, JYOTI CHL Pantnagar ,Ghatkopar(E)

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

Telephone no.:	Mobile no: 917738847343	Email : sunny.gokharu@gmail.com
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DOB: Jun 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: 7283256 (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
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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:		