



# 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:

2018016400937162

Eligibility Status:

Provisional

Examination form No.:

110009



Division/Section:

Roll No.:

Priyanka

Instruction Medium:

Nationality:

India

### Student's Personal Information

Student's Name: **GOUSWAMI PRIYANKABEN MANSUKHGIRI**

Mother's Name: JASODA

Gender: Female

Name in Vernacular Language: गौसमी प्रियांकाबेन मांसुखगिरी

Address: 3 WADI, OPP SITLA TEMPLE, CID OFFICE, DHARAVI, MUMBAI

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400017

Telephone no.:

Mobile no: 918898310134

Email : mansukhgowsami78@gmail.com

DOB: Jul 07, 2000

Category: Open

Physically Handicap: No

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

Exam Event: Nov-2019

Seat No: 7283265 (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	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:

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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*N.A. Dumbre*

PRN: 2018016400937177	Eligibility Status: Eligible	Examination form No.: 110010 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DUMBRE NIKITA AVINASH</b>	Mother's Name: SUNITA	Gender: Female
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Name in Vernacular Language: दुंबरे निकिता अविनाश

Address: CHAWL NO 6 ROOM NO 9 JOKIM COMPOUND MAHARASHTRA NAGAR BHANDUP WEST

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

Telephone no.:	Mobile no: 918828152705	Email : nikitadumbre23@gmail.com
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DOB: Feb 03, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283237 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937185	Eligibility Status: Eligible	Examination form No.: 110011 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KARANDE MRUNALI RAJENDRA</b>	Mother's Name: VAISHALI	Gender: Female
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Name in Vernacular Language: कारंडे मृणाली राजेंद्र

Address: R.NO.503, BLDG NO 13, SATYAM CO-OP SOC, MHADA COLONY, VASHINAKA

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

Telephone no.:	Mobile no: 919082853483	Email : rajendra5471@gmail.com
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DOB: Nov 08, 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: 7283318 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400937193	Eligibility Status: Eligible	Examination form No.: 110012 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL YUKTI RAMESH</b>	Mother's Name: KALPANA	Gender: Female
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Name in Vernacular Language: पटेल युक्ती रमेश

Address: A-10/112 R.N. GANDHI VIDYAVIHAR EAST O.N.G.C. COLONY

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

Telephone no.: Mobile no: 917045044049 Email : yuktipatel20016@gmail.com

DOB: May 10, 2001 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283478 (Status: ATKT)

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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*Anjali*

PRN: 2018016400937204	Eligibility Status: Eligible	Examination form No.: 110013 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BEHERA ANJALI SHATRUGHAN</b>	Mother's Name: MALTI	Gender: Female
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Name in Vernacular Language: बेहरा अंजली शत्रुघ्न
---

Address: R.NO.3 VIKAS NIWAS, SAMADHAN CHAWL.SAFEDPUL,SAKINAKA KRISHNA NAGAR
---

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072
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Telephone no.:	Mobile no: 919702154184	Email : anjalibehera87@gmail.com
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DOB: Jul 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: 7283163 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

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

Student's Signature

### 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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*Shweta*

PRN: 2018016400937212	Eligibility Status: Eligible	Examination form No.: 110014 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MANDALIYA SHWETA NANDLAL</b>	Mother's Name: HARSHA	Gender: Female
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Name in Vernacular Language: मंडलिया श्वेता नंदलाल

Address: Room no 2 wadia estate samarth chawl bail bazar kurla west

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

Telephone no.:	Mobile no: 917021678181	Email : shwetamandaliya@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: 7283390 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400937227	Eligibility Status: Eligible	Examination form No.: 110015 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: KHAN FAIYAZ AHMED MOHAMMED HASAN	Mother's Name: ISHRAT	Gender: Male
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Name in Vernacular Language: खान फैयाज अहमद मोहम्मद हसन
---

Address: PRATHIBHA NIWAS CHAWL NO.2 ROOM NO.D/21 KAJUPADA PIPELINE SAKINAKA MUMBAI MAHARASHTRA - 400072
---

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

Telephone no.:	Mobile no: 918108021517	Email : KHANFAIYAZAHMED01@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: 7283342 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

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



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H.A. Pujare

PRN: 2018016400937235	Eligibility Status: Eligible	Examination form No.: 110016 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: PUJARE HARSHADA ARJUN	Mother's Name: ANURADHA	Gender: Female
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Name in Vernacular Language: पुजारे हर्षदा अर्जुन
---

Address: R. NO.7,PJ CHAWL MUNSHIMAHAL,PRATAP NGR ROAD BHANDUP WEST MUMBAI 400078
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078
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Telephone no.:	Mobile no: 918291678147	Email : pujareharshada9@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: 7283492 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016400937243	Eligibility Status: Eligible	Examination form No.: 110017 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PAWAR MRUNMAI SANJAY</b>	Mother's Name: SNEHAL	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: पवार मृण्मयी संजय

Address: ROOM NO 2 THAKRUDDIN CHAWL PRATAP NAGAR ROAD MUNSI MAHAL BHANDUP WEST

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

Telephone no.:	Mobile no: 918652526814	Email : mrunmaipawar02@gmail.com
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DOB: Feb 21, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283486 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400937251	Eligibility Status: Eligible	Examination form No.: 110018 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MORE VIVEK VIJAY</b>	Mother's Name: VIDYA	Gender: Male
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Name in Vernacular Language: विवेक विजय मोरे

Address: 2/11, Gabriel Gomes chawl Nehru Nagar, kanjur Marg(E) Mumbai-400042

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

Telephone no.:	Mobile no: 918291570620	Email : vivekmore0104@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: 7283419 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937266	Eligibility Status: Eligible	Examination form No.: 110019 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR AMIT MAHENDRA</b>	Mother's Name: HEMA	Gender: Male
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Name in Vernacular Language: ठक्कर अमित महेन्द्र

Address: Room no 1, Niraj Apt.gr. Floor, Ratanbai Compound, Shivaji Nagar, Wagle Estate, Thane (w)

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

Telephone no.:	Mobile no: 918433617572	Email : amitthakkar5678@gmail.com
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DOB: Nov 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: 7283624 (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:		

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Dhruv*

PRN: 2018016400937274	Eligibility Status: Eligible	Examination form No.: 110020 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: LUKKA DHRUV KISHOR	Mother's Name: POOJA	Gender: Male
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Name in Vernacular Language: ध्रुव किशोर लुक्का
---

Address: vishwa shanti 13 A PARSIWADI KOPRI KOLONY THANE EAST
---

City: THANE EAST, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400603
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Telephone no.:	Mobile no: 917718044727	Email : lukkadhruv51000@gmail.com
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DOB: Oct 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: 7283381 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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PRN: 2018016400937282	Eligibility Status: Eligible	Examination form No.: 110021 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAORANE PURVA VISHWAS</b>	Mother's Name: SAYALI	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: रावराणे पूर्वा विश्वास

Address: E59 NANDADEEP CHS DEONAR MUNICIPAL COLONY GOVANDI 43

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

Telephone no.:	Mobile no: 91889881186	Email : raoranepurva695@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: 7283506 (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):

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

### Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2018016400937297	Eligibility Status: Eligible	Examination form No.: 110022 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>APAKE MANSI SURESH</b>	Mother's Name: NITA	Gender: Female
---	---------------------	----------------

Name in Vernacular Language:आपके मानसी सुरेश

Address: mahatma jotiba phule nagar near rcf priyadarshani buil sion chunabhathi

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

Telephone no.:	Mobile no: 919870233500	Email : mapake321@gmail.com
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DOB: May 03, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283145 (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: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400937301	Eligibility Status: Eligible	Examination form No.: 110023 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL SURAJ MAHESH</b>	Mother's Name: LAXMI	Gender: Male
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Name in Vernacular Language: पटेल सुरज महेश

Address: ROOM.NO 8CHAWL NO. 3 SHIVKRUPA CO-OP SOCIETY BEHIND CHITRANJAN D COLONY PIPE LINE RAJAWADI

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

Telephone no.:	Mobile no: 919619647417	Email : surajpatel9706@gmail.com
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DOB: Sep 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: 7283477 (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:		

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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*Phodekar*

PRN: 2018016400937316	Eligibility Status: Eligible	Examination form No.: 110024 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GHODEKAR POOJA RAMESH</b>	Mother's Name: JYOTI	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: घोडेकर पूजा रमेश

Address: sai baba mandir amar jyot shankar gruh nirman sansth azad nagar

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

Telephone no.:	Mobile no: 917039384205	Email : poojaghodekar19@gmail.com
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DOB: Oct 19, 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: 7283252 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400937324	Eligibility Status: Eligible	Examination form No.: 110025 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHALEKAR SUCHITA SANJAY</b>	Mother's Name: SANJIVANI	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: भालेकर सुचिता संजय

Address: 604 narayan tarun mandal ganesh nagar b parksite

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

Telephone no.:	Mobile no: 918879316795	Email : SUCHITAB200@GMAIL.COM
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DOB: Mar 10, 2000	Category: Reserved (NT-1 (NT-B))	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283167 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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PRN: 2018016400937332	Eligibility Status: Eligible	Examination form No.: 110026 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHANUSHALI RAJ DEEPAK</b>	Mother's Name: BHAVNA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: भानुशाली राज दीपक
--

Address: Room no.8, govind smruti buid, sakharam complex,kopar cross road,dombivli(west)
--

City: dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202
--

Telephone no.:	Mobile no: 919619661011	Email : rajbhanushali067@gmail.com
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DOB: Oct 27, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014644 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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Jinal

PRN: 2018016400937347	Eligibility Status: Eligible	Examination form No.: 110027 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL JINAL MAHESH</b>	Mother's Name: JAYSHREE	Gender: Female
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Name in Vernacular Language: JINAL
------------------------------------

Address: NEAR SAIBABA MANDIR, 57412,GOPAL CHAWL, RIFLE RANGE.
---

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

Telephone no.:	Mobile no: 917039605940	Email : patelsumit9702566410@gmail.com
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DOB: Jan 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: 7283720 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Vaibhav*

PRN: 2018016400937355	Eligibility Status: Eligible	Examination form No.: 110028 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: DUDAKIYA VAIBHAV ATUL	Mother's Name: REKHA	Gender: Male
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Name in Vernacular Language: दुडकीया वैभव अतुल
--

Address: 14A, Havabai Chawl, Subhash nagar, Asalpha Ghatkopar(W), Mumbai-400084
---

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

Telephone no.:	Mobile no: 919322743907	Email : dudakiyavaibhav@gmail.com
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DOB: Apr 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: 7283236 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

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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*Varshaben Kanji*

PRN: 2018016400937363	Eligibility Status: Eligible	Examination form No.: 110029 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GADHAVI VARSHABEN KANJI</b>	Mother's Name: LAXMI	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: गढवी वर्षाबेन कांजी
--

Address: 1/601,sahamishra society P.K.Road,Mulund(W) Mumbai 400080
--

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

Telephone no.:	Mobile no: 919867797526	Email : vershagadhavi@gmail.com
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DOB: Oct 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: 7283241 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400937371	Eligibility Status: Eligible	Examination form No.: 110030 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL SHUBH MANISH</b>	Mother's Name: DHARMISHTHA	Gender: Male
---	----------------------------	--------------

Name in Vernacular Language: पटेल शुभ मनीष

Address: 302, KASTURI PARK, NEW MANEKALAL ESTATE, OPP. SATARA BANK S.N. MEHTA MARG, GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919619641648	Email : shubhpatel13@gmail.com
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DOB: Jun 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: 7283476 (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:		



# University of Mumbai, Mumbai

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

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*Pratik S.B.*

PRN: 2018016400937386	Eligibility Status: Eligible	Examination form No.: 110031 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BORKAR PRATIK SAYAJIRAO</b>	Mother's Name: VIJAYA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: PRATIK SAYAJIRAO BORKAR
--

Address: K-11-8 BARVENAGAR BHATWADI GHATKOPAR WEST R B KADAM MARG
---

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

Telephone no.: 25126865	Mobile no: 919967278234	Email : asmitaborkar@gmail.com
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DOB: Mar 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: 7283187 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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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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English

PRN: 2018016400937394	Eligibility Status: Eligible	Examination form No.: 110032 	Division/Section: 2	Roll No.: 164
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PRAJAPAT JAGDISH CHHOGALAL</b>	Mother's Name: BASANTI DEVI	Gender: Male
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Name in Vernacular Language: प्रजापत जगदीश छोगालाल

Address: SHOP NO.77, M.G. ROAD, AMAR MAHAL, TILAK NAGAR, CHEMBUR MUMBAI 400089 CHEMBUR

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

Telephone no.: Mobile no: 919892972691 Email : prajapatjagdish993@gmail.com

DOB: Sep 15, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283490 (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	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:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

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

Place: **Vidyavihar**  
Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400937405	Eligibility Status: Eligible	Examination form No.: 110033 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHHEDA RAJ JAYESH</b>	Mother's Name: KALPANA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: KUTCHI
-------------------------------------

Address: 802, TOWER 2, VIKAS PARADISE LBS MARG, MULUND (W)
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 919987616362	Email : chhedakinjal95@gmail.com
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DOB: Nov 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: 7290665 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937421	Eligibility Status: Eligible	Examination form No.: 110034 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: VARMA SHWETA RAKESH	Mother's Name: MANJU	Gender: Female
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Name in Vernacular Language: वर्मा श्वेता राकेश

Address: NEAR DATT MANDIR ROOM NO.145 SANKALP SOC, ANAND GAD PARKSITE, VIKHROLI WEST

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

Telephone no.:	Mobile no: 918108091669	Email : varmashweta000@gmail.com
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DOB: Jan 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: 7283649 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

PRN: 2018016400937436	Eligibility Status: Eligible	Examination form No.: 110035 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>JETHVA ROHIT MANSUKH</b>	Mother's Name: NEERUBEN	Gender: Male
Name in Vernacular Language: जेठवा रोहित मनसुख		
Address: Dharavi transist camp Block no 3 room no 5 row h Sion Mumbai 400017		
City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400017		
Telephone no.:	Mobile no: 917718995004	Email : rohitjethva2001@gmail.com
DOB: Feb 13, 2001	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283300 (Status: ATKT)

Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

**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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*[Handwritten Signature]*

PRN: 2018016400937444	Eligibility Status: Eligible	Examination form No.: 110036 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHETKAR SNEHAL SHASHIKANT</b>	Mother's Name: SHRADHA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: शेतकरी स्नेहल शशिकांत

Address: ROOM NO-5, SUDARSHAN SOC, PRABHAT NAGAR, KAJUPADA KURLA WEST

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

Telephone no.:	Mobile no: 918291013643	Email : hemant.rank@gmail.com
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DOB: Sep 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: 7283585 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/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: 2018016400937452	Eligibility Status: Eligible	Examination form No.: 110037 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BANKHELE VAISHNAVI MANOJ</b>	Mother's Name: RATNA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: बाणखेले वैष्णवी मनोज

Address: room no.9 shri ganesh chawl committee mithwala chawl bhatwadi

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

Telephone no.:	Mobile no: 919987992889	Email : vaishnavibankhele2000@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: 7283158 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937467	Eligibility Status: Eligible	Examination form No.: 110038 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MEHTA APURVA MITESH</b>	Mother's Name: HETAL	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: Apurva
-------------------------------------

Address: 303/b sai darshan GARDEN LANE, GAONDVI ROAD, Ghatkopar west , mumbai
---

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

Telephone no.: 25005030	Mobile no: 917506110141	Email : apurvamehta2000303@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: 7283400 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### 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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Akhan

PRN: 2018016400937475	Eligibility Status: Eligible	Examination form No.: 110039 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>KHAN ASIYA FAREED AHMED</b>	Mother's Name: NAZRA KHATOON	Gender: Female

Name in Vernacular Language: खान आशिया फरीद अहमद
--

Address: PLOT NO 1 NEW GAUTAM NAGAR NEAR SUNNI BARELI MASJID GOVANDI
--

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

Telephone no.:	Mobile no: 918652154898	Email : ASIYAKHAN@GMAIL.COM
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DOB: Aug 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: 7283338 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

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

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

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



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PRN: 2018016400937483	Eligibility Status: Eligible	Examination form No.: 110040 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: KHAN ATASH FARHEEN ASHFAQUE AHMED	Mother's Name: RIZWANA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: खान आताशा फरही ASHFAQUE
--

Address: NEW GAUTAM NAGAR PART NO 1 ROOM NO 229 GOVANDI MUMBAI
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043
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Telephone no.:	Mobile no: 918850988419	Email : zaveriyakhan1998@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: 7283340 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

PRN: 2018016400937491	Eligibility Status: Eligible	Examination form No.: 110041 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MANGE DISHA RAMESH</b>	Mother's Name: KASTURIBEN	Gender: Female
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Name in Vernacular Language: मंगे दिशा रमेश

Address: a/4,ashtvinayak soc,kulkarni wadi j m road,asalfa village ghatkopar west

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

Telephone no.:	Mobile no: 917666011695	Email : dishamange123@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: 7283392 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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*Gayatri*

PRN: 2018016400937517	Eligibility Status: Eligible	Examination form No.: 110042 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHAVAN GAYATRI RAMSINGH</b>	Mother's Name: SHAKUNTALA	Gender: Female
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Name in Vernacular Language: चव्हाण गायत्री रामसिंग
---

Address: room no 4, Anandji kadam chawl, jamil nagar
--

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

Telephone no.:	Mobile no: 919967892491	Email : ramsinghchavan90@gmail.com
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DOB: Jun 21, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014633 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/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: 2018016400937525	Eligibility Status: Eligible	Examination form No.: 110043 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH MUSKAN KAYUM</b>	Mother's Name: NAZRIN	Gender: Female
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Name in Vernacular Language: शेख मुस्कान कयूम

Address: ROOM NO 130 SRA BUILDING, AZAD NAGAR

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

Telephone no.:	Mobile no: 917045847736	Email : shaikhmuskan0786@gmail.com
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DOB: Jun 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: 7290676 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*chetna*

PRN: 2018016400937533	Eligibility Status: Eligible	Examination form No.: 110044 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>CHAWDA CHETNA NATUBHAI</b>	Mother's Name: HARSHABEN	Gender: Female

Name in Vernacular Language: चवंडा चेतना नटुभाई

Address: FLAT NO 101 SHREE SAMARTH KRUPA SECTOR 6 SARSOLE

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

Telephone no.: Mobile no: 918828662189 Email : chetnachawada21@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: 7283194 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

**Declaration by Principal/HOD/Chairperson**

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



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*Palnitkar*

PRN: 2018016400937541	Eligibility Status: Eligible	Examination form No.: 110045 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PALNITKAR REVATI PRAMOD</b>	Mother's Name: BHAGYASHREE	Gender: Female
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Name in Vernacular Language: रेवती प्रमोद पळणिटकर

Address: Room No. 2, Chandralok Old Mumbai Road, Near TJSB Bank Tembhinaka, Thane

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

Telephone no.: 25427585	Mobile no: 918108973400	Email : revapalnitkar@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: 7283444 (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: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2018016400937556	Eligibility Status: Eligible	Examination form No.: 110046 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHINDE PRANIL PRAKASH</b>	Mother's Name: PRAJAKATA	Gender: Male
--	--------------------------	--------------

Name in Vernacular Language: शिंदे प्रणिल प्रकाश

Address: BAKELAL MHALAR CHAWL ROOM NO 11 PRATAP NAGAR ROAD BHANDUP WEST MUMBAI

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

Telephone no.:	Mobile no: 919819092518	Email : shindepranil41@gmail.com
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DOB: Sep 18, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283594 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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A.B. Kadam

PRN: 2018016400937564	Eligibility Status: Eligible	Examination form No.: 110047 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KADAM ASHWINI BABAJI</b>	Mother's Name: MANISHA	Gender: Female
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Name in Vernacular Language: कदम अश्विनी बाबाजी

Address: siddheshwar mitra mandal ram nagar b ghatkopar west

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

Telephone no.:	Mobile no: 919967413866	Email : asmitakd2001@gmail.com
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DOB: Feb 15, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283309 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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

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Saima

PRN: 2018016400937572	Eligibility Status: Eligible	Examination form No.: 110048 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: CHAUDHRY SAIMA SAEEDULLAH	Mother's Name: WAHIDUNNISA	Gender: Female
---	----------------------------	----------------

Name in Vernacular Language: चौधरी साईमा साईदुल्लाह
---

Address: 2/11 YAKUB CHAWL ALI DADA ESTATE NEHRU NAGAR KURLA EAST
--

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

Telephone no.:	Mobile no: 919137806725	Email : saimachaudhary570@gmail.com
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DOB: Jul 20, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283190 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

PRN: 2018016400937587	Eligibility Status: Provisional	Examination form No.: 110049 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MOMAYA YUKTA VIRESH</b>	Mother's Name: HEMALI	Gender: Female
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Name in Vernacular Language: मोमाया युक्ता विरेश

Address: Prakash lodaya 1401 annant chhaya 60feetRoad

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

Telephone no.:	Mobile no: 916354167403	Email : yuktamomaya031@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: 7283416 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937595	Eligibility Status: Eligible	Examination form No.: 110050 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH TEHZIB TASLEEM</b>	Mother's Name: MEHZABEEN	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: शेख तेज़ीब

Address: 002, madina co-op. hsg soc. bldg.no.08 shailesh nagar mumbra

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

Telephone no.:	Mobile no: 918976437683	Email : shkiqra005@gmail.com
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DOB: Apr 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: 7283577 (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: 2018016400937606	Eligibility Status: Eligible	Examination form No.: 110051 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHUKLA SWATI GULABCHAND</b>	Mother's Name: ARILA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: शुक्ल स्वाती गुलाबचंद
--

Address: ROOM NO. 3 KAMLA SHANKAR TIWARI CHAWL NEAR GANESH MAIDAN PARSIWADI, LBS MARG, GHATKOPAR WEST
---

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

Telephone no.:	Mobile no: 919136193612	Email : swatishukla10001@gmail.com
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DOB: Jan 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: 7283601 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

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

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



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

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*Nimisha*

PRN: 2018016400937614	Eligibility Status: Eligible	Examination form No.: 110052 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAVARIYA NIMISHA DHANJI</b>	Mother's Name: RAKHI	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: रावरीया निमिषा धनजी

Address: 1/4, savitri devi chawl subhash nagar, asalfa village

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

Telephone no.:	Mobile no: 919870888442	Email : rakhiravariya@gail.com
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DOB: Nov 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: 7283516 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937622	Eligibility Status: Eligible	Examination form No.: 110053 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DOSHI HARSH HITESH</b>	Mother's Name: NITA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: दोषी हर्ष हितेश
--

Address: NEAR GOPAL BHUVAN ROOM NO.02, SHYAM NIWAS BETHI CHAWL LBS MARG, GHATKOPAR WEST
---

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

Telephone no.:	Mobile no: 919619462598	Email : hhdoshi00@gmail.com
----------------	-------------------------	-----------------------------

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: 7283228 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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

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

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PRN: 2018016400937637	Eligibility Status: Eligible	Examination form No.: 110054 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GOSALIA MIHIR HIMANSHU</b>	Mother's Name: JAGRUTI	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: गौसालिया मिहीर हिमांशु
---

Address: NEELYOG APT C/2 203 PANTNAGAR GAURI SHANKAR WADI NO 2 GHATKOPAR EAST MUMBAI-45
---

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

Telephone no.:	Mobile no: 917984571040	Email : mgosalia20@gmail.com
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DOB: Aug 03, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7290670 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### 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: 2018016400937645	Eligibility Status: Eligible	Examination form No.: 110055 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH SAMEERA SHAMSHIR</b>	Mother's Name: SAIRA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: शेख समीरा शमशेर

Address: NEAR AFZAL BAKERY NEW GAUTAM NAGAR A COLONY GOVANDI MUMBAI

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

Telephone no.:	Mobile no: 919768023767	Email : shaikhsaira095@gmail.com
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DOB: Jan 06, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283575 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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

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PRN: 2018016400937653	Eligibility Status: Eligible	Examination form No.: 110056 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MISHRA RUPESH RUDRAKANT</b>	Mother's Name: RINKU	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: rupesh
-------------------------------------

Address: om sai darshan 3/8 near 50/50 dhabha hagemalang ro om sai darshan 3/7 near 50/50 dhabha hagemalang road kalyan east
--

City: kalyan, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421306
--

Telephone no.:	Mobile no: 917039754085	Email : rupeshmishra15432@gmail.com
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DOB: Jun 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: 7283709 (Status: Fail)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937661	Eligibility Status: Eligible	Examination form No.: 110057 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHIKANE ARPANA VITTHAL</b>	Mother's Name: LATA	Gender: Female
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Name in Vernacular Language: CHIKANE ARPANA VITTHAL
---

Address: madina madid room no 4 vikhroli parksite [w]
---

City: mumbai, Taluka: , District: Thane, State: Maharashtra, PIN: 400079
--

Telephone no.:	Mobile no: 917900100679	Email : arpanac123@gmail.com
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DOB: Apr 12, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283201 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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*Handwritten signature*

PRN: 2018016400937676	Eligibility Status: Eligible	Examination form No.: 110058 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DHERE GANESH PANDURANG</b>	Mother's Name: RAHIBAI	Gender: Male
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Name in Vernacular Language: देरे गणेश पांडुरंग

Address: kaju hill, azad chawl committee, near hanuman mandir, ghatkopar west, mumbai maharashtra 400086

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

Telephone no.:	Mobile no: 919892859960	Email : dhre3763@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: 7283225 (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):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937684	Eligibility Status: Eligible	Examination form No.: 110059 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KAHAR CHANDAN BABURAM</b>	Mother's Name: RAMAVATI	Gender: Male
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Name in Vernacular Language: चंदन

Address: RAJESH HOUSING SOCIETY, BABURAO PATIL COMPOUND HANUMAN NAGAR PRATAP NAGAR ROAD

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

Telephone no.:	Mobile no: 918108901887	Email : chandankahar1999@gmail.com
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DOB: Oct 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: 7283312 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937692	Eligibility Status: Eligible	Examination form No.: 110060 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>WARRIER NIMISHA SATHEESH KUMAR</b>	Mother's Name: VANAJA	Gender: Female
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Name in Vernacular Language: Warriar nimisha satheesh Kumar
---

Address: A/16 aatmaj CHS 3rd floor Thakurwadi deendayal road Dombivili west 421202
--

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

Telephone no.:	Mobile no: 919167379706	Email : chinnuw02@gmail.com
----------------	-------------------------	-----------------------------

DOB: Feb 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283661 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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*Neha*

PRN: 2018016400937711	Eligibility Status: Eligible	Examination form No.: 110061 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PRAJAPATI NEHA BABULAL</b>	Mother's Name: RITA DEVI	Gender: Female
---	--------------------------	----------------

Name in Vernacular Language: नेहा बाबुलाल प्रजापती

Address: ROOM NO 7, INGLE CHAWL, HANUMAN NAGAR P.N.ROAD, BHANDUP-WEST

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

Telephone no.:	Mobile no: 919930796284	Email : neha6284p@gmail.com
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DOB: Nov 03, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283491 (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: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400937734	Eligibility Status: Eligible	Examination form No.: 110062 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHHEDA RAJ AMRISH</b>	Mother's Name: BHAVNA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: छेडा राज अमरीश

Address: 1/9 Jay Mahavir 60 feet road Ghatkopar East

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

Telephone no.: 21026303	Mobile no: 917021358072	Email : rajachheda@gmail.com
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DOB: Jan 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: 7283199 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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

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*Jainil*

PRN: 2018016400937742	Eligibility Status: Eligible	Examination form No.: 110063 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KARIA JAINIL KHUSHAL</b>	Mother's Name: JAVARBEN	Gender: Male
---	-------------------------	--------------

Name in Vernacular Language: कारीया जयनीय खुशाल

Address: 103/1 Atul Apt., Opp. Civil Hospital Dhobi Ali, Tembinaka Thane (w)

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

Telephone no.:	Mobile no: 919920967707	Email : jainilkaria4@gmail.com
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DOB: Dec 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: 7283322 (Status: Fail)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400937757	Eligibility Status: Eligible	Examination form No.: 110064 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>LAKHAN TANMAY VILAS</b>	Mother's Name: PRANITA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: LAKHAN TANMAY VILAS
--

Address: A/5 Tarabai Niwas, Tembipada Gavdevi Road Bhandup (west)
---

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

Telephone no.:	Mobile no: 919892913694	Email : SHWETA14343@GMAIL.COM
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DOB: Oct 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: 7283372 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

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

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

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



# University of Mumbai, Mumbai

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PRN: 2018016400937765	Eligibility Status: Provisional	Examination form No.: 110065 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>M ADITYAN K MURUGESAN</b>	Mother's Name: SEEMA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: एम . आदित्यन
---

Address: A9 AJAY SATYA PRAKASH HOMES NEAR SPORTS CLUB JABALPUR , TILHERI A9 AJAY SATYA PRAKASH HOMES NEAR SPORTS CLUB JABALPUR , TILHERI
--

City: JABALPUR, Taluka: JABALPUR, District: Jabalpur, State: Madhya Pradesh, PIN: 482020
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Telephone no.:	Mobile no: 919407506321	Email : ad2116bl1983@gmail.com
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DOB: Oct 21, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283669 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

### Payment Details:

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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*Bhavya*

PRN: 2018016400937773	Eligibility Status: Eligible	Examination form No.: 110066 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHETTY BHAVYASHREE</b>	Mother's Name: VIDYA	Gender: Female
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Name in Vernacular Language: शेटी भव्यश्री
--

Address: 601 fortune avenue hiranandani brahmand link road Thane (west)
---

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

Telephone no.:	Mobile no: 917208613999	Email : bhavyashetty292@gmail.com
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DOB: Nov 20, 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: 7283587 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/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: 2018016400937781	Eligibility Status: Eligible	Examination form No.: 110067 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BAIT SANKET LAXMAN</b>	Mother's Name: ARCHANA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: बाईत संकेत लक्ष्मण

Address: Gurudatta Mitra Mandal, Pitamaha Ramji Nagar, Bhatwadi, Ghatkopar west

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

Telephone no.:	Mobile no: 919967957452	Email : sanketbait984@gmail.com
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DOB: Feb 28, 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: 7283155 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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Handwritten signature

PRN: 2018016400937796	Eligibility Status: Eligible	Examination form No.: 110068 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH ALIYA KHATOON MUNEEER</b>	Mother's Name: RAEESUNNISA	Gender: Female
---	----------------------------	----------------

Name in Vernacular Language: शेख आलीय मुनीर
---

Address: RAFIQ NAGAR GOVANDI MUMBAI
-------------------------------------

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

Telephone no.:	Mobile no: 919773410999	Email : ALIYASHAIKH1969@GMAIL.COM
----------------	-------------------------	-----------------------------------

DOB: Jul 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: 7283742 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400937807	Eligibility Status: Eligible	Examination form No.: 110069 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN NIDHI MAHAVIR</b>	Mother's Name: PISTA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: Jain nidhi mahavir
---

Address: Near shakuntala hospital shop no.11 Tagore Nagar, grp no. 2 Vikhroli east
--

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

Telephone no.:	Mobile no: 919619550540	Email : jainpista804@gmail.com
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DOB: Dec 24, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014678 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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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*Handwritten signature*

PRN: 2018016400937815	Eligibility Status: Eligible	Examination form No.: 110070 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JETHVA HARSHIL SURESH</b>	Mother's Name: LATA	Gender: Male
--	---------------------	--------------

Name in Vernacular Language: जेथव हर्षिल सुरेश
--

Address: 31 b KAILASH DARSHAN HANSOTI LANE KAMA GALI GHATKOPAR WEST
---

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

Telephone no.:	Mobile no: 918828558629	Email : harshiljethva9718@gmail.com
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DOB: Jun 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: 7283691 (Status: Fail)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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



# 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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*Siddhi Bhatt*

PRN: 2018016400937823	Eligibility Status: Eligible	Examination form No.: 110071 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHATT SIDDHI BHAVESH</b>	Mother's Name: NISHA	Gender: Female
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Name in Vernacular Language: भट्ट सिद्धी भावेश
--

Address: A/17 RAGUPATI APT, S M ROAD MULUND WEST
--

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

Telephone no.:	Mobile no: 918422073856	Email : siddhibhatt30@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: 7283181 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016400937831	Eligibility Status: Eligible	Examination form No.: 110072 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NIKAM MANJUSHA SANTOSH</b>	Mother's Name: ANITA	Gender: Female
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Name in Vernacular Language: मंजूषा संतोष निकम

Address: ROOM NO 6 ,RAI MASTER CHWAL RATAN BHAI COMPAUND SHIVAJI NAGAR WAGALE ESTATE THANE WEST(400604)

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

Telephone no.: 91	Mobile no: 918108530025	Email : manjusha31102@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: 7283714 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# 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: 2018016400937846	Eligibility Status: Eligible	Examination form No.: 110073 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL SEJAL DEVJI</b>	Mother's Name: CHANDRIKA	Gender: Female
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Name in Vernacular Language: पटेल सेजल देवजी

Address: 6/10, jawaharnagar NEAR ONGC COLONY vidyavihar(east)

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

Telephone no.:	Mobile no: 919833901830	Email : pchandrika707@gmail.com
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DOB: Jun 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: 7283474 (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><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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

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PRN: 2018016400937854	Eligibility Status: Eligible	Examination form No.: 110074 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL PRACHI JITESH</b>	Mother's Name: MAYA	Gender: Female
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Name in Vernacular Language: पटेल प्राची जितेश

Address: C/5, JAWAHAR NAGAR NEAR ONGC COLONY vidyavihar(east)

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

Telephone no.:	Mobile no: 919869710534	Email : deveshrathod1512@gmail.com
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DOB: May 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: 7283472 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

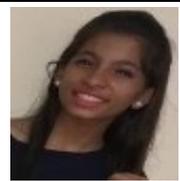
<http://mum.digitaluniversity.ac/>

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

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*Thakkar*

PRN: 2018016400937877	Eligibility Status: Eligible	Examination form No.: 110075 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR JAGRUTI DEEPAK</b>	Mother's Name: MINAXI	Gender: Female
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Name in Vernacular Language: जागृती दिपक ठक्कर
--

Address: 198 1st floor matru mandir mahagiri koliwada
---

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

Telephone no.:	Mobile no: 919322752225	Email : jagrutit444@gmail.com
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DOB: Aug 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: 7283630 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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*Tejus*

PRN: 2018016400937885	Eligibility Status: Eligible	Examination form No.: 110076 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATIL TEJAS SANJAYKUMAR</b>	Mother's Name: TRUPTI	Gender: Male
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Name in Vernacular Language: पाटील तेजस संजयकुमार
---

Address: Room No. 11, Irshad Manzil Sarvodaya Nagar Bhandup (W.), Mumbai
--

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078
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Telephone no.:	Mobile no: 917039352800	Email : tejaspatil23456@gmail.com
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DOB: Nov 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: 7283482 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016400937893	Eligibility Status: Eligible	Examination form No.: 110077 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATEL BHUMI BHARAT</b>	Mother's Name: MADHU	Gender: Female
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Name in Vernacular Language: पटेल भूमी भारत

Address: ROAD NO 4 JAMUNA YADAV CHAWL PESTAM SAGAR NEAR SHOPPER STOP

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

Telephone no.:	Mobile no: 919892829039	Email : bhumpate652@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: 7283464 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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*Varun Mishra*

PRN: 2018016400937927	Eligibility Status: Eligible	Examination form No.: 110078 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>MISHRA VARUN AMRENDRA</b>	Mother's Name: PRECILLA	Gender: Male
Name in Vernacular Language: मिश्रा वरुन अमरेंद्र		
Address: 702/D Patidar Complex, Kannamwar Nagar 2 Vikhroli (East)		
City: MUMBAI, Taluka: , District: Mumbai City, State: Maharashtra, PIN: 400083		
Telephone no.:	Mobile no: 919773831079	Email : varunmishra4662@gmail.com
DOB: Oct 22, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283410 (Status: Fail)

Exam form appearance type: Fresher

<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )			
SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

**Declaration by Principal/HOD/Chairperson**

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016400937935	Eligibility Status: Eligible	Examination form No.: 110079 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAJPUROHIT KRUPAKAWAR CHETANSINGH</b>	Mother's Name: PARASDEVI	Gender: Female
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Name in Vernacular Language: राजपुरोहित कृपाकर चेतनसिंग

Address: room no103 bldg no 5 sagar bldg samta colony pantnagar ghatkopar east mumbai

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

Telephone no.:	Mobile no: 919321017544	Email : chnrjprht@gmail.com
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DOB: Nov 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: 7283501 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400937943	Eligibility Status: Eligible	Examination form No.: 110080 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MANGE DHRUV RAMESH</b>	Mother's Name: VARSHA	Gender: Male
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Name in Vernacular Language: ध्रुव रमेश मंगे
--

Address: 16/2 UJALA BUILDING DOMBIVLI EAST AYRE ROAD
--

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

Telephone no.:	Mobile no: 918369383288	Email : dhruvmange04@gmail.com
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DOB: Nov 28, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014686 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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

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PRN: 2018016400937951	Eligibility Status: Eligible	Examination form No.: 110081 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DONGRE SANSKRUTI PRASHANT</b>	Mother's Name: YOGITA	Gender: Female
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Name in Vernacular Language: डोंगरे संस्कृती प्रशांत
--

Address: 302 PARIJAT PUSHP BEHIND MAYUR HOTEL OLD MUMBAI PUNE ROAD KHAREGAON KALWA WEST
---

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605
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Telephone no.:	Mobile no: 918828098199	Email : sonalbhatkande0221@gmail.com
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DOB: Apr 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: 7283227 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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

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T.A. Sanghavi

PRN: 2018016400937966	Eligibility Status: Eligible	Examination form No.: 110082 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SANGHAVI TANAY ASHOK</b>	Mother's Name: KALPANA	Gender: Male
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Name in Vernacular Language: तनय
----------------------------------

Address: VARDHAMAN NAGAR C/6/89 GOKUL ASHISH CHS, DR.R.P. ROAD MULUND WEST MUMBAI 400080
--

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

Telephone no.:	Mobile no: 919167459540	Email : tanaysanghvi1020@gamil.com
----------------	-------------------------	------------------------------------

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: 7283528 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

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

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



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PRN: 2018016400937982	Eligibility Status: Eligible	Examination form No.: 110083 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR DRISHTI MAYUR</b>	Mother's Name: VAISHALI	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: ठक्कर द्रीष्टी मयूर

Address: 102 DEVI NIWAS B P SINGH CROSS ROAD, MULUND WEST NEELKANTH NAGAR

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

Telephone no.: 25905829	Mobile no: 918655755195	Email : lohanastm2@gmail.com
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DOB: Mar 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: 7283629 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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Stuti Shah

PRN: 2018016400937997	Eligibility Status: Eligible	Examination form No.: 110084 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH STUTI HARESH</b>	Mother's Name: SANJANA SHAH	Gender: Female
--	-----------------------------	----------------

Name in Vernacular Language: शाह स्तुति हरेश

Address: A/13,3RD FLOOR,HEMRESHA,INSIDE GUPTA COMPOUND V.P.ROAD,MULUND-(WEST) MUMBAI-80,MAHARASHTRA

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

Telephone no.: 25604376	Mobile no: 919167917154	Email : STUTISHAH3613@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: 7283555 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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*Shrey*

PRN: 2018016400938006	Eligibility Status: Eligible	Examination form No.: 110085 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DAGLI SHREY HEMAL</b>	Mother's Name: MEENA	Gender: Male
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Name in Vernacular Language: डगली श्रेय हेमल
--

Address: 236/6149, Naidu Colony Pantnagar Ghatkopar (E)
---

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400075
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Telephone no.:	Mobile no: 919819179308	Email : shreydagli7@gmail.com
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DOB: Apr 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: 7283212 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400938014	Eligibility Status: Eligible	Examination form No.: 110086 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KATIRA SIDDHI ATUL</b>	Mother's Name: GEETA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: कतिरा सिध्दी अतुल

Address: 11, 1st floor, Sadhniwas, Dr. Ambedkar Road, Mulund West

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

Telephone no.:	Mobile no: 919967971289	Email : siddhikatira@gmail.com
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DOB: Nov 05, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0141415 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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*Asmeen*

PRN: 2018016400938022	Eligibility Status: Eligible	Examination form No.: 110087 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHAN ASMEEN BANO MOHD ANIS</b>	Mother's Name: NAGINA BANO	Gender: Female
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Name in Vernacular Language: खान अस्मिन बानो मोहद अनिस

Address: new gautam ngr part no 01 rm no 129 govandi mumbai

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

Telephone no.:	Mobile no: 919819295982	Email : omsaixerox22@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: 7283339 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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PRN: 2018016400938037	Eligibility Status: Eligible	Examination form No.: 110088 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANCHAL SHREYANS JAYANTILAL</b>	Mother's Name: HEMLATA	Gender: Male
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Name in Vernacular Language: पांचाळ श्रेयांस जयंतीलाल
---

Address: 27/4, silky appt, kisan nagar 2, opp gupta oil depot road no. 16, thane
--

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

Telephone no.:	Mobile no: 917700091957	Email : moharamane11@gmail.com
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DOB: Aug 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: 7283452 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

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



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N.R. Patel

PRN:

2018016400938045

Eligibility Status:

Eligible

Examination form No.:

110089



Division/Section:

Roll No.:

Instruction Medium:

Nationality:

India

## Student's Personal Information

Student's Name: **PATEL NEHAL RAMESH**

Mother's Name: JAVER

Gender: Female

Name in Vernacular Language: पटेल नेहल रमेश

Address: 2/12 BHAVESHWAR NAGAR RAJA WADI GHATKOPER EAST

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

Telephone no.:

Mobile no: 918291108052

Email : NEHAL@GMAIL.COM

DOB: Jan 19, 2001

Category: Open

Physically Handicap: No

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

Exam Event: Nov-2019

Seat No: 7283721 (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:

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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*A. H. Gohil*

PRN: 2018016400938061	Eligibility Status: Eligible	Examination form No.: 110090 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GOHIL ASMITA NARAN</b>	Mother's Name: HARSHABEN	Gender: Female
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Name in Vernacular Language: GOHIL ASMITA NARAN
---

Address: 5/ bhagyodaya niwas bhattwadi, kishan nagar no 03, thane
---

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

Telephone no.:	Mobile no: 919869639989	Email : asmitagohil3@gmail.com
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DOB: Nov 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: 7283255 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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Krupali

PRN: 2018016400938076	Eligibility Status: Eligible	Examination form No.: 110091 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KRUPALI RAMESH FATAK</b>	Mother's Name: NEETA	Gender: Female
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Name in Vernacular Language: कृपाली रमेश फटक
--

Address: 302/310 90feet road pantnagar ghatkopar
--

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

Telephone no.:	Mobile no: 919699708333	Email : bharmaldarad@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: 7283238 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400938084	Eligibility Status: Eligible	Examination form No.: 110092 	Division/Section:	Roll No.:	Charmi
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DARAD CHARMU MUKESH</b>	Mother's Name: MEENA	Gender: Female
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Name in Vernacular Language: दराडे चार्मी मुकेश
---

Address: 148/4062, VALLABH BAUG LANE EXTN NEW PANTNAGAR
---

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

Telephone no.:	Mobile no: 918879468491	Email : nitinbhushan13@gmail.com
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DOB: Oct 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: 7283216 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400938092	Eligibility Status: Eligible	Examination form No.: 110093 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MONDKAR ADITI SUNIL</b>	Mother's Name: SHWETA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: मोंडकर अदिती सुनील
---

Address: A 101 EKVIRA DARSHAN SECTOR 8A AIROLI NAVI MUMBAI
--

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

Telephone no.:	Mobile no: 919619914794	Email : sunil7@rediffmail.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: 7283417 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400938103	Eligibility Status: Eligible	Examination form No.: 110094 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHHEDA SAHIL RAMJI</b>	Mother's Name: PREETI	Gender: Male
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Name in Vernacular Language: छेडा साहिल रामजी

Address: A/802 Lokmanya Society Ram maruti road opp icici bank Thane w

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

Telephone no.: 25330322	Mobile no: 917977059845	Email : svisaria123@gmail.com
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DOB: Sep 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: 7283200 (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

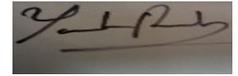
<http://mum.digitaluniversity.ac/>

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: 2018016400938111	Eligibility Status: Eligible	Examination form No.: 110095 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PARAB YASH TUSHAR</b>	Mother's Name: SHUBHANGI	Gender: Male
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Name in Vernacular Language: परब यश तुषार

Address: SHREE RAJ LAXMI PARK B1 003 KHAREGAON KALWA SHREE RAJ LAXMI PARK B1 003 KHAREGAON KALWA

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

Telephone no.:	Mobile no: 919004288756	Email : YASH1591990@GMAIL.COM
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DOB: Sep 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: 7283718 (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:		



# University of Mumbai, Mumbai

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

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

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*AT Khan*

PRN: 2018016400938126	Eligibility Status: Eligible	Examination form No.: 110096 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHAN ABUTALIB ZAFAR</b>	Mother's Name: TAUQIRA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: खान अब्दुलबीब जफर
--

Address: ROOM NO 4 NEAR NURANI MASJID KHADI NO 3 RAJIV NGR MOHILI VLG SAKINAKA MUMBAI
---

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

Telephone no.:	Mobile no: 919930896346	Email : ridaan98@gmail.com
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DOB: Jun 15, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283336 (Status: Fail)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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

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PRN: 2018016400938134	Eligibility Status: Eligible	Examination form No.: 110097 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN DIXITA NIRMAL</b>	Mother's Name: ANOKHA	Gender: Female
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Name in Vernacular Language:dixita
------------------------------------

Address: Bldg:53, Room no :-1824 N.G.AACHARYA MARG, SUBHASH NAGAR,
--

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

Telephone no.:	Mobile no: 917506136664	Email : Dixujain09112000@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: 7283684 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	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: 2018016400938142	Eligibility Status: Eligible	Examination form No.: 110098 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KINLEKAR SHREYA LAXMAN</b>	Mother's Name: NEHA	Gender: Female
---	---------------------	----------------

Name in Vernacular Language: किनळेकर श्रेया लक्ष्मण
---

Address: A-701,Poonam Apartment, Subhash Road , Janta Market Bhandup (West)
---

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

Telephone no.:	Mobile no: 918082443780	Email : shreukinlekar139@gmail.com
----------------	-------------------------	------------------------------------

DOB: Sep 13, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283361 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400938157	Eligibility Status: Eligible	Examination form No.: 110099 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BAGH PRITAM BIKASH</b>	Mother's Name: MAYNA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: बघ प्रीतम बिकास
--

Address: CHAWL NO 5 ROOM NO 11 MATOSHREE JANKI NAGAR MANISHA NAGAR GATE NO I KALWA WEST
---

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

Telephone no.:	Mobile no: 919594356828	Email : pritambagh04@gmail.com
----------------	-------------------------	--------------------------------

DOB: Aug 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7190145 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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*Shaggy*

PRN: 2018016400938165	Eligibility Status: Eligible	Examination form No.: 110100 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANDEY BHAGYASHRI SHRIRAM</b>	Mother's Name: VEENA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: Pandey bhagyashri shriram वीणा

Address: DIN BANDHU NAGAR SALT PAN RAOD NEAR HUSAINIYA MASJID WADALA EAST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400037

Telephone no.:	Mobile no: 919136595857	Email : bhagyashripandey070301@gmail.com
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DOB: Mar 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: 7283454 (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

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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: 2018016400938173	Eligibility Status: Eligible	Examination form No.: 110101 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JOSHI BHAKTI SHAILESH</b>	Mother's Name: JAYSHREE	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: जोशी भक्ती शैलेश
---

Address: B/107 NAV RADHESHYAM DR RP ROAD DOMBIVLI [EAST]
--

City: mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 421201
---

Telephone no.:	Mobile no: 917498752725	Email : bhaktisjoshi2542@gmail.com
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DOB: Apr 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: 7290672 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016400938181	Eligibility Status: Provisional	Examination form No.: 110102 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: POONAWALA MARIA ABBAS ABDULHUSSAIN	Mother's Name: MUNIRA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: पूनावाला मारिया अब्बास अब्दुलहुसेन
---

Address: Room no 3 second floor Aziz manzil Barafwala Chawl Vartak road near ansari chowk kalyan West
---

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

Telephone no.:	Mobile no: 917977019152	Email : mariapoonawala51@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: 7283489 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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PRN: 2018016400938196	Eligibility Status: Eligible	Examination form No.: 110103 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ALAM MOHD ALI HASSAN FIROZ</b>	Mother's Name: NASIM BANU	Gender: Male
---	---------------------------	--------------

Name in Vernacular Language: आलं मोहद अली हसन फिरोज़

Address: SHAHAJI NAGAR, KHADI MACHINE LATIF CHAWL R C MARG

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

Telephone no.:	Mobile no: 917977022340	Email : farzanhasan122@gmail.com
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DOB: Feb 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: 7283138 (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:		

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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Bhavik

PRN: 2018016400938207	Eligibility Status: Eligible	Examination form No.: 110104 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANCHAL BHAVIK DINESH</b>	Mother's Name: SHARDA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: पांचाळ भाविक दिनेश

Address: own house room no 2 shivnagari mohone

City: mohone, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421102

Telephone no.:	Mobile no: 917977459493	Email : bhavik2018panchal@gmail.com
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DOB: May 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: 7283448 (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: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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





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Mahendra Patel

PRN: 2018016400938223	Eligibility Status: Provisional	Examination form No.: 110106 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>PATEL MAHENDRA KARMAN</b>	Mother's Name: SHYMA	Gender: Male
Name in Vernacular Language: पटेल महेंद्र कर्मण		
Address: D-203,ATHARVA PARK , SHIVAI NAGAR, THANE(w)		
City: MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400606		
Telephone no.:	Mobile no: 919766068101	Email : paswans266@gmail.com
DOB: Apr 15, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283471 (Status: ATKT)

Exam form appearance type: Fresher

<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )			
SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

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

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



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PRN: 2018016400938246	Eligibility Status: Eligible	Examination form No.: 110107 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH HESHANT KIRTI</b>	Mother's Name: SHOBHANA	Gender: Male
---	-------------------------	--------------

Name in Vernacular Language: शाह हेशांत कीर्ती

Address: 08/A, SUNETRA CHS, NEAR SAMRAT HOTEL DIN DAYAL ROAD, DOMBIVLI WEST

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

Telephone no.:	Mobile no: 919320988790	Email : shobhanashah00@gmail.com
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DOB: Jun 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: 7283545 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400938277	Eligibility Status: Eligible	Examination form No.: 110108 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANDEY JAYA LALJI</b>	Mother's Name: NIRMALA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: पांडेय जया लालजी

Address: Row House - 3, Kasturi Garden, Plot-25 Sector-8, Airoli,

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

Telephone no.:	Mobile no: 919664760335	Email : laljipandey.lic@gmail.com
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DOB: Jul 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283455 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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Application Form for Examination of Summer Session 2021 event.

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*Sneha*

PRN: 2018016400938285	Eligibility Status: Eligible	Examination form No.: 110109 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>UTEKAR SNEHA DATTARAM</b>	Mother's Name: DEEPALI	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: उतेकर स्नेहा दत्ताराम

Address: st road opp akbarallys room no-24 saraswati baug chembur mumbai

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

Telephone no.:	Mobile no: 919892492340	Email : utekars329@Gmail.com
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DOB: Jan 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: 7283762 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400938293	Eligibility Status: Eligible	Examination form No.: 110110 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHUMSE MANSI RAHUL</b>	Mother's Name: REVATI	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: KHUMSE MANSI RAHUL
---

Address: 1601-VITHIKA B Dosti vihar VARTAK NAGAR
--

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

Telephone no.:	Mobile no: 918454959888	Email : mansikhumse1402@gmail.com
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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: 7283360 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

PRN: 2018016400938304	Eligibility Status: Eligible	Examination form No.: 110111 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KALEKAR NISHANT GAJANAN</b>	Mother's Name: MALTI	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: कालेकर निशांत गजानन
--

Address: NEAR BAVKER ALI, GANPAT DUKAL HOUSE, TROMBAY KOLIWADA
--

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

Telephone no.:	Mobile no: 918433879322	Email : nishantkalekar11@gmail.com
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DOB: Dec 06, 2000	Category: Reserved (SBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283694 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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*Aniket*

PRN: 2018016400938312	Eligibility Status: Eligible	Examination form No.: 110112 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHIRKAR ANIKET DILIP</b>	Mother's Name: GEETA	Gender: Male
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Name in Vernacular Language: अनिकेत

Address: 402/A WING BINGO PLAZA BLDG NO. 2 SHREE KHANDE WADI

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

Telephone no.:	Mobile no: 917715026041	Email : aniketshirkar1712@hotmail.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: 7283749 (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:		



# University of Mumbai, Mumbai

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*Priati*

PRN: 2018016400938327	Eligibility Status: Eligible	Examination form No.: 110113 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHUKLA PRITI CHANDRIKA PRASAD</b>	Mother's Name: KUSUM	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: शुक्ला प्रीती चंद्रिका प्रसाद
--

Address: 304, A-9 PAVANPUTRA RESIDENCY KALHER
---

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

Telephone no.:	Mobile no: 918655297974	Email : pritishukla280@gmail.com
----------------	-------------------------	----------------------------------

DOB: May 18, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283600 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

PRN: 2018016400938335	Eligibility Status: Eligible	Examination form No.: 110114 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PEGATAR HITESH BABUBHAI</b>	Mother's Name: VANDANA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: पेंगटार्ह हितेश बाबुभाई

Address: naik nagar agra road sion

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

Telephone no.:	Mobile no: 917045598209	Email : indiantechniques7@gmail.com
----------------	-------------------------	-------------------------------------

DOB: Apr 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: 7283724 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

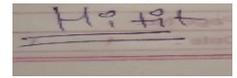
<http://mum.digitaluniversity.ac/>

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

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

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PRN: 2018016400938351	Eligibility Status: Eligible	Examination form No.: 110115 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN HITIT SANJAY</b>	Mother's Name: REKHA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: जैन हितित संजय

Address: 1803 balaji height gavdevi road bhandup west mumbai 400078

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

Telephone no.: 25157078	Mobile no: 919768575313	Email : hititjain1@gmail.com
-------------------------	-------------------------	------------------------------

DOB: Jul 03, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283290 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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Manan.S

PRN: 2018016400938366	Eligibility Status: Eligible	Examination form No.: 110116 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH MANAN VIKAS</b>	Mother's Name: CHAITALI	Gender: Male
---	-------------------------	--------------

Name in Vernacular Language: शाह मनन विकास

Address: 301,Royal touch A/1,A/2 yogi hills Near swapna nagri

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

Telephone no.:	Mobile no: 917020428782	Email : shahmanan799@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: 7283547 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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

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PRN: 2018016400938374	Eligibility Status: Eligible	Examination form No.: 110117 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SARWAN ANKITA SHYAM</b>	Mother's Name: ANURADHA	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: सारवान अंकिता शाम

Address: MALI BHAVAN, PLOT NO. 97 ROOM NO.3 JB NAGAR ANDHARI EAST

City: MUMBAI , Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400059

Telephone no.:	Mobile no: 919082758159	Email : prashant.s2796@gmail.com
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DOB: Nov 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: 7283736 (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:		



# University of Mumbai, Mumbai

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

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PRN: 2018016400938382	Eligibility Status: Eligible	Examination form No.: 110118 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KUBADIYA NIHIR CHANDRAKANT</b>	Mother's Name: SHILPA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: कुबडीया नाहीत चंद्रकांत
--

Address: m g complex ,sector 14 amar jyoti society ,c 44
--

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

Telephone no.:	Mobile no: 919930237368	Email : shall.kubadiya2003@gmail.com
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DOB: Sep 06, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283368 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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

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PRN: 2018016400938401	Eligibility Status: Eligible	Examination form No.: 110119 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHRIVAS TANAYKUMAR VINAYKUMAR</b>	Mother's Name: SAPANA	Gender: Male
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Name in Vernacular Language: श्रीवास तनयकुमार

Address: A/B-405,6th floor, Swapna Nagri Godrej hill Kalyan west

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

Telephone no.: 2233093

Mobile no: 919820523462

Email : tapanshrivas1316@gmail.com

DOB: Nov 05, 2000

Category: Open

Physically Handicap: No

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

Exam Event: Nov-2019

Seat No: 7283597 (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):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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PRN: 2018016400938416	Eligibility Status: Eligible	Examination form No.: 110120 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>APTE ANUJA AJIT</b>	Mother's Name: ANJALI	Gender: Female
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Name in Vernacular Language: आपटे अनुजा अजित

Address: 16 ganesh co op hos society near vijay krida mandal bhandup (w) mumbai-400078

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

Telephone no.:	Mobile no: 918369295967	Email : anjaliapte1970@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: 7283146 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Dalhanjan*

PRN: 2018016400938424	Eligibility Status: Eligible	Examination form No.: 110121 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DALBHANJAN AHWINI CHANDRAKANT</b>	Mother's Name: PUSHPA	Gender: Female
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Name in Vernacular Language: दलभंजन अश्विनी चंद्रकांत

Address: ROOM NO. 65, 3RD FLOOR HALAV POOL, GOAL BUILDING BHAGAVAT BHAVAN

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

Telephone no.:	Mobile no: 919769473489	Email : dalbhanjanashwini4@gmail.com
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DOB: Oct 24, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283213 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400938432	Eligibility Status: Eligible	Examination form No.: 110122 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>YADAV RAKESH VIJAYSHANKAR</b>	Mother's Name: SHAKUNTLA	Gender: Male
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Name in Vernacular Language: यादव राकेश विजयशंकर

Address: purohit chawl p I lokhande marg near krishna dairy chembur mumbai

City: chembur mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400089

Telephone no.:	Mobile no: 918169590055	Email : rahulyadav0057@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: 7283775 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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Manohar

PRN: 2018016400938447	Eligibility Status: Eligible	Examination form No.: 110123 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DVSV NAGASAI MANOHAR DVSV PRASAD</b>	Mother's Name: DN PADMASRI	Gender: Male
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Name in Vernacular Language: दिविएसवि नागसाई मनोहर दिविएसवि प्रसाद

Address: FLAT NO:301, RUSHABH CHS CHAPHEKAR BHANDU MARG MULUND-E

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

Telephone no.:	Mobile no: 919320483553	Email : dvsvprasad@me.com
----------------	-------------------------	---------------------------

DOB: Nov 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: 7283678 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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*Shaifali*

PRN: 2018016400938463	Eligibility Status: Provisional	Examination form No.: 110124 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIFALI N WANGIKAR</b>	Mother's Name: RUSHALI	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: शेफाली वांगीकर

Address: b103, swagat chs sector3, koperkhairne

City: navi mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400709

Telephone no.:	Mobile no: 919594000995	Email : nilesh_wangikar@rediffmail.com
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DOB: Dec 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: 7283660 (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)

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: 2018016400938471	Eligibility Status: Eligible	Examination form No.: 110125 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>HANGARGI HARISH HANMANTH</b>	Mother's Name: GEETHA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: हंगार्गी हरीश हनुमंत
---

Address: 505,C wing 18 no. BUILDING (OPP) KOHINOOR HOSPITAL,KURLA(WEST), Mumbai 400070
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070
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Telephone no.:	Mobile no: 919167149381	Email : harishhangargi123@gmail.com
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DOB: Dec 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: 7283274 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

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

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

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



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

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Mohit

PRN: 2018016400938486	Eligibility Status: Eligible	Examination form No.: 110126 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR MOHIT HARIKRISHNA</b>	Mother's Name: RUPAL	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: ठक्कर मोहित हरिकृष्णा
--

Address: JANTA NAGAR, GOLIBAR ROAD, GHATKOPAR WEST, MUMBAI
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 919653281988	Email : mohitthakkar1234@gmail.com
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DOB: Nov 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: 7283759 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

PRN: 2018016400938494	Eligibility Status: Eligible	Examination form No.: 110127 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NAIK SAGARIKA CHANDRAKANT</b>	Mother's Name: SNEHA	Gender: Female
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Name in Vernacular Language: नाईक सागरिका चंद्रकांत

Address: A/401, OSHO KRISHNA, GHANTALI BAJI PRABHU MARG THANE (WEST)

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

Telephone no.: 25451515	Mobile no: 919869477215	Email : naikcm123@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: 7283711 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

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

Place: **Vidyavihar**

Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400938505	Eligibility Status: Eligible	Examination form No.: 110128 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAISWAL SAPNA PAPPU</b>	Mother's Name: POONAM	Gender: Female
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Name in Vernacular Language: सपना

Address: L.B.S marg agra road pream nagar sion west mumbai 400022

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

Telephone no.:	Mobile no: 918169149344	Email : sapnaj526@gmail.com
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DOB: Sep 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: 7283689 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Bhogle*

PRN: 2018016400938513	Eligibility Status: Eligible	Examination form No.: 110129 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHOGLE GAURANG SADANAND</b>	Mother's Name: VIDYA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: गौरांग सदानंद भोगले

Address: BUILDING NO.180,B-WING,ROOM NO.6407 JAI BAJRANG MITRA MANDAL KANNAMWAR NAGAR -2

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

Telephone no.:	Mobile no: 919867834950	Email : gandresir5@gmail.com
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DOB: Jan 09, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283183 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400938521	Eligibility Status: Eligible	Examination form No.: 110130 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DODHIA VATSAL VIJAY</b>	Mother's Name: PREETI	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: वत्सल
------------------------------------

Address: 22-B 3rd Floor 304 Ashok Nagar Kalyan Road
---

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

Telephone no.:	Mobile no: 917972312239	Email : vijaydodhia11@gmail.com
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DOB: Dec 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: 7290669 (Status: Fail)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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*Siddhish*

PRN: 2018016400938536	Eligibility Status: Eligible	Examination form No.: 110131 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NAIKARE SIDDHISH SANTOSH</b>	Mother's Name: DWARKA	Gender: Male
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Name in Vernacular Language: नाईकरे सिद्धेश संतोष
---

Address: A-602 GANGAWADI, GOPAL BHUVAN LBS MARG GHATKOPAR WEST
--

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

Telephone no.:	Mobile no: 918689919871	Email : adeshnehere123@gmail.com
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DOB: Nov 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: 7283712 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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

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*Rinky*

PRN: 2018016400938544	Eligibility Status: Eligible	Examination form No.: 110132 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KARANI RINKY JETHALAL</b>	Mother's Name: ASMITA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: करणी रंकीय जेठालाल

Address: 401, SARASWATI CASTLE MALVIYA ROAD, RAMNAGAR DOMBIVALI EAST

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

Telephone no.:	Mobile no: 919321018200	Email : karanijethalal@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: 7283320 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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

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PRN: 2018016400938552	Eligibility Status: Eligible	Examination form No.: 110133 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SINGH KAVITA KISAN</b>	Mother's Name: BHAJAN	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: सिंग कविता किसान

Address: BEHIND MOTHER DAIRY ,ROOMNO 38 JAI HANUMAN NAGAR KURLA EAST KURLA EAST, NEHRU NAGAR

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

Telephone no.:	Mobile no: 918850779240	Email : ASHUSONAR097@GMAIL.COM
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DOB: Aug 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: 7283609 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# 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: 2018016400938575	Eligibility Status: Provisional	Examination form No.: 110134 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KOTECHA JAY RAJESH</b>	Mother's Name: SANGITA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: कोटेचा जय राजेश

Address: 12/954 BEHIND RAIPUR ICE FACTORY BUILDING ,FAFADIH RAIPUR(C.G.) 12/954

City: RAIPUR, Taluka: RAIPUR, District: Raipur, State: Chhattisgarh, PIN: 492009

Telephone no.:	Mobile no: 919516089456	Email : JAYKOTECHA30@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: 7283363 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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

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PRN: 2018016400938583	Eligibility Status: Eligible	Examination form No.: 110135 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VIRA VENIL KAMLESH</b>	Mother's Name: USHA	Gender: Male
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Name in Vernacular Language: विरा विनील कमलेश
---

Address: rm no 102 MATRUPITRU CHAYYA KOPAR CROSS ROAD BEHIND KDMC HOSPITAL
--

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202
--

Telephone no.:	Mobile no: 917045427497	Email : viravenil@gmail.com
----------------	-------------------------	-----------------------------

DOB: Aug 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: 7283766 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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: 2018016400938602	Eligibility Status: Eligible	Examination form No.: 110136 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DESAI KINJAL UDAY</b>	Mother's Name: AARTI	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: किंजल देसाई
--

Address: FLAT NO. 503, B WING CARNATION BUILDING PRESTIGE RESIDENCY, WAGBIL NAKA THANE, MAHARASHTRA-400607
--

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

Telephone no.: 25976674	Mobile no: 919892135149	Email : 1221kinjal@gmail.com
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DOB: Jul 28, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283221 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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*Gowda*

PRN: 2018016400938617	Eligibility Status: Eligible	Examination form No.: 110137 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GOWDA AKSHATA RANGA</b>	Mother's Name: MAHALAXMI	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: गौडा अक्षता रंगा

Address: IIT MARKET POWAI SHIVNERI HILL COLONY GARIB NAGAR OLD PIPELINE POWAI

City: MUMBAI, Taluka: Andheri, District: Mumbai Suburban, State: Maharashtra, PIN: 400076

Telephone no.:	Mobile no: 919594158289	Email : akshatagowda82@gmail.com
----------------	-------------------------	----------------------------------

DOB: Jun 18, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283681 (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):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400938625	Eligibility Status: Eligible	Examination form No.: 110138 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ANSARI MOHD AARIS MOHD RAFIQUE</b>	Mother's Name: RASHIDA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: अन्सारी मोहम्मद आरिस मोहम्मद रफिक
--

Address: 402/24, MAHADA COLONY GAUTAM NAGAR GOVANDI
---

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

Telephone no.:	Mobile no: 919768281112	Email : AARISANSARI321@GMAIL.COM
----------------	-------------------------	----------------------------------

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: 7283141 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### 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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*Krishna*

PRN: 2018016400938633	Eligibility Status: Eligible	Examination form No.: 110139 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHUDASAMA KRISHA ATUL</b>	Mother's Name: CHHAYA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: चूडासमा क्रीशा अतुल
--

Address: A/17, sejal apartment Devi dayal road , mulund (west) Mumbai 400080
--

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

Telephone no.:	Mobile no: 918291255808	Email : krishachudasama26@gmail.com
----------------	-------------------------	-------------------------------------

DOB: Aug 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283211 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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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: 2018016400938641	Eligibility Status: Eligible	Examination form No.: 110140 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DEDHIA BHAKTI JITESH</b>	Mother's Name: ARCHANA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: देडिया भक्ती जितेश

Address: b-13 manu prasad bldg sangeeta wadi shiv mandir road dombivli east

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

Telephone no.:	Mobile no: 917045204479	Email : bhaktidedhia05@gmail.com
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DOB: Oct 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: 7283218 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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*Abhishek*

PRN: 2018016400938656	Eligibility Status: Eligible	Examination form No.: 110141 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GODASE ABHISHEK BHAGWAN</b>	Mother's Name: SANGITA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: गोडसे अभिषेक भगवान
---

Address: r no-11 matru chaya niwas near rahul bakery nehru nagar
--

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

Telephone no.:	Mobile no: 917039353001	Email : sanketgodase123@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: 7283680 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400938664	Eligibility Status: Eligible	Examination form No.: 110142 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN SALONI MANOHARLAL</b>	Mother's Name: ANITA	Gender: Female
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Name in Vernacular Language: जैन सलोनी मनोहरलाल

Address: SHOP NO 1, RUNWAL CENTRE, DEONAR DEVSHI MARG GOVANDI STATION ROAD

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

Telephone no.:	Mobile no: 918108512508	Email : SALONIJAIN121@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: 7283292 (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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<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400938687	Eligibility Status: Eligible	Examination form No.: 110143 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAICHURA CHARMI PANKAJ</b>	Mother's Name: KIRAN	Gender: Female
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Name in Vernacular Language: रायचुरा चार्मी पंकज
--

Address: B/203, TIRUPATI CHS KHAREGAON KALWA WEST
---

City: THANE, Taluka: THANE, District: Thane, State: Maharashtra, PIN: 400605
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Telephone no.:	Mobile no: 918356020228	Email : charmiraichura11@gmail.com
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DOB: May 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: 7283496 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

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

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



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Samiksha

PRN: 2018016400938695	Eligibility Status: Eligible	Examination form No.: 110144 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAVLA SAMIKSHA DOLLAR</b>	Mother's Name: ANJALI	Gender: Female
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Name in Vernacular Language: सावला समीक्षा डॉलर

Address: L/404, NAVNEET NAGAR LODHA HERITAGE DOMBIVLI (EAST)

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

Telephone no.:	Mobile no: 917678070562	Email : samikshasavla2@gmail.com
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DOB: Nov 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: 7283537 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400938706	Eligibility Status: Eligible	Examination form No.: 110145 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NERURKAR AKASH SATISH</b>	Mother's Name: SMITA	Gender: Male
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Name in Vernacular Language: नेरुरकर आकाश सतीश
--

Address: B/01 amber dhara Ayre road, tukaram nagar Dombivli(E)
--

City: Dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
--

Telephone no.:	Mobile no: 919833026077	Email : akashnerurkar@gmail.com
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DOB: Aug 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: 7283431 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400938714	Eligibility Status: Eligible	Examination form No.: 110146 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NETERWALA NOMAN NAVED</b>	Mother's Name: NASEEM	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: नेतेरवाला नोमान नावेद
--

Address: 304/A MEGA APT GHASWALA COMPOUND KAUSA MUMBRA
--

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612
--

Telephone no.:	Mobile no: 919819873795	Email : NETERWALA08@GMAIL.COM
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DOB: Oct 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: 7283433 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2018016400938722	Eligibility Status: Eligible	Examination form No.: 110147 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KHAN SANA AFREEN OBEDUR REHMAN</b>	Mother's Name: KESAR JAHAN	Gender: Female
---	----------------------------	----------------

Name in Vernacular Language: खान सना आफरीन ओबेदुर रहमान

Address: D/7, JAI AMBEY SOCIETY, SUNDAR BAUGH KAMANI, KURLA (W)

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070

Telephone no.: Mobile no: 919930897557 Email : 7557junaid@gmail.com

DOB: Mar 12, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283352 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

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*Gayatri S*

PRN: 2018016400938737	Eligibility Status: Eligible	Examination form No.: 110148 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHARMA GAYATRI DEVIDUTT</b>	Mother's Name: KAMLA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: शर्मा गायत्री डेविडुट

Address: GR FLOOR ROOM NO 4, SHREE GANESH ASHIRWAD CO OP HSG SOCIETY PK ROAD, MULUND WEST, MUMBAI 400080

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080

Telephone no.:	Mobile no: 919867722917	Email : BHAGIRATHIBANDE@GMAIL.COM
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DOB: Jun 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: 7283580 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400938745	Eligibility Status: Eligible	Examination form No.: 110149 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JOSHI ANIKET VIJAY</b>	Mother's Name: NAMRATA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: जोशी अनिकेत विजय

Address: ROOM NO. 2 DUDHNATH YADAV CHAWL DHARMVEER SAMBHAJI ROAD PARSHIWADI GHATKOPAR WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919619672725	Email : aniketjoshiaj444@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: 7283302 (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><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400938753	Eligibility Status: Eligible	Examination form No.: 110150 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MAKWANA MEET MANISH</b>	Mother's Name: SHRUTI	Gender: Male
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Name in Vernacular Language: मकवाना मित मनिस

Address: BUILDING NO. 140, A WING, GANESH DARSHAN, ROOM NO. 103 VALLABH BAUG LANE, NEW PANTNAGAR, GHATKOPAR EAST, MUMBAI - 400 075

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075

Telephone no.:	Mobile no: 919892160206	Email : makwanameet42@gmail.com
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DOB: Nov 29, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283386 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2018016400938761	Eligibility Status: Provisional	Examination form No.: 110151 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: SAHA PREETI UTTAMKUMAR	Mother's Name: SIMRAN	Gender: Female
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Name in Vernacular Language: सहा प्रीती उत्तमकुमार
--

Address: RC barrack no.25, Room No.290, first floor Near Sai Plaza Complex, Gandhi Bazar Chembur colony
---

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400074
---

Telephone no.:	Mobile no: 919324266688	Email : uttamkumarsaha05041970@gmail.com
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DOB: May 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: 7283734 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: 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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*Ashgde*

PRN: 2018016400938784	Eligibility Status: Eligible	Examination form No.: 110152 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>HEGDE ASHWATH SHEKAR</b>	Mother's Name: SUNITHA	Gender: Male
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Name in Vernacular Language: हेगडे अश्वथ शेकर
---

Address: room no 7 shrimant nivas jai bhavani nagar near kannada school
---

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
--

Telephone no.:	Mobile no: 919702403683	Email : ashwathhegde257@gmail.com
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DOB: Jul 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283682 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Signature*

PRN: 2018016400938792	Eligibility Status: Eligible	Examination form No.: 110153 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>LINGAYAT NIKHIL VISHWANATH</b>	Mother's Name: VISHAKHA	Gender: Male
---	-------------------------	--------------

Name in Vernacular Language: लिंगायत निखिल विश्वनाथ

Address: 101, MAHAKALI SMRUTI BLDG DINDAYAL CROSS ROAD SHASTRI NAGAR DOMBIVLI WEST

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202

Telephone no.:	Mobile no: 918291799182	Email : nikhilgayat18@gmail.com
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DOB: Jul 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: 7283375 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400938803	Eligibility Status: Eligible	Examination form No.: 110154 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAIN DEVANSH LALIT</b>	Mother's Name: ARUNA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: DEVANSH LALIT JAIN
---

Address: Kalinga, 1204 Neelkanth kingdom vidyavihaar west
---

City: mumbai, Taluka: , District: Mumbai City, State: Maharashtra, PIN: 400086
--

Telephone no.: 25020878	Mobile no: 917045600650	Email : djain5676@gmail.com
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DOB: Jul 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: 7283288 (Status: Fail)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2018016400938811	Eligibility Status: Eligible	Examination form No.: 110155 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR BHAVYA DILIP</b>	Mother's Name: INDIRA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: भव्य ठक्कर

Address: ROOM NO 23 , FIRST FLOOR VASANT NIVAS , NEAR AMBAJI DHAM MULUND WEST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080

Telephone no.:	Mobile no: 919653363628	Email : BHAVYATHAKKER@GAMIL.COM
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DOB: Jul 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: 7283626 (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:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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Khyati

PRN: 2018016400938826	Eligibility Status: Eligible	Examination form No.: 110156 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MARU KHYATI MAHENDRA</b>	Mother's Name: VARSHA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: मारू ख्याती महेंद्र

Address: O WING, 402,NAVNEET NAGAR, DESALEPADA, OPP.BHADRA COMPLEX, LODHA HERITAGE,

City: KALYAN, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201

Telephone no.:	Mobile no: 917045077747	Email : khyati112maru@gmail.com
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DOB: Dec 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: 7283398 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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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P.M.Savla

PRN: 2018016400938842	Eligibility Status: Eligible	Examination form No.: 110157 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAVLA PANKTI MANSUKH</b>	Mother's Name: SHOBHA	Gender: Female
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Name in Vernacular Language: Pankti
-------------------------------------

Address: 2/2, Ashok Bhavan Laxmi Udyog Nagar LBS Marg, Kanjurmarg West
--

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078
---

Telephone no.: 25783775	Mobile no: 918291255647	Email : panktisavla28@gmail.com
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DOB: Sep 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: 7283536 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	<p>Student's Signature</p>

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400938857	Eligibility Status: Provisional	Examination form No.: 110158 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SANKPAL NIKHIL RAJENDRA</b>	Mother's Name: SANDHYA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: संकपाळ निखिल राजेंद्र
--

Address: Shanti niketan chawl Suryanagar Lbs road
---

City: Vikroli, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083
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Telephone no.:	Mobile no: 918108686941	Email : crazyprankers07@gmail.com
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DOB: May 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: 7283532 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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### To, Director, Board of Examination and Evaluations / The Controller Of Examination,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: <b>Vidyavihar</b>
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Date:
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Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		

Date:
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College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
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*Ritika*

PRN: 2018016400938865	Eligibility Status: Eligible	Examination form No.: 110159 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BAGWE RITIKA AVINASH</b>	Mother's Name: NITISHA	Gender: Female
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Name in Vernacular Language: बागवे रिटिका अविनाश

Address: 403 BALI TOWER STATION ROAD KALWA WEST

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605

Telephone no.:	Mobile no: 919594473106	Email : ritikabagwe2203@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: 7283154 (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: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400938873	Eligibility Status: Eligible	Examination form No.: 110160 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHARMA POOJA SHIVKUMAR</b>	Mother's Name: SHASHI	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: शर्मा पूजा शिवकुमार
--

Address: ROOM NO. 02 SAINATH ROAD PANCHAM YADAV CHAWL GANESH MAIDAN GHATKOPAR WEST MUMBAI
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086
---

Telephone no.:	Mobile no: 919653109648	Email : abc@gmail.com
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DOB: Apr 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: 7283581 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
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: 2018016400938881	Eligibility Status: Eligible	Examination form No.: 110161 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SURTI AKANSHA JAGRUTBHAI</b>	Mother's Name: MANISHA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: सुरती आकांशा जागृतभाई
--

Address: 204, vard vinayak moreshwar nagar telco service center mharal
--

City: kalyan, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421301
--

Telephone no.:	Mobile no: 918830030790	Email : asurti801@gmail.com
----------------	-------------------------	-----------------------------

DOB: Nov 22, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283616 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400938896	Eligibility Status: Eligible	Examination form No.: 110162 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KOTIAN MEGHNA JAIKISHAN</b>	Mother's Name: SUNANDA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: कोटीण मेघना जयकिशन

Address: OPP HANUMAN MANDIR 29/106, B WING, SUBHASH NAGAR CHEMBUR

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400071

Telephone no.:	Mobile no: 917738008644	Email : meghnakotian7@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: 7283366 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Sonam G. J.*

PRN: 2018016400938915	Eligibility Status: Eligible	Examination form No.: 110163 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KOTIAN SONAM GANESH</b>	Mother's Name: SHEETAL	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: कौटिन सोनम गणेश
--

Address: AMANKUNJ NEAR CHAUGALE NIWAS ROOM NO.122, ARVIND PATIL WADI GHATLA VILLAGE
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400071
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Telephone no.:	Mobile no: 918369948798	Email : kotiansonam@gmail.com
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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: 7283367 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2018016400938923	Eligibility Status: Eligible	Examination form No.: 110164 	Division/Section:	Roll No.:	<u>Khushbu</u>
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VARIA KHUSHBU NAROTTAM</b>	Mother's Name: MEENA	Gender: Female
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Name in Vernacular Language: KHUSHBU
--------------------------------------

Address: B/3, KRANTIVEER SOCIETY, GALI NO 29, KAMARAJ NAGAR, V.N.MARG, GHATKOPAR (EAST) MUMBAI-400077
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077
---

Telephone no.:	Mobile no: 919137818847	Email : khushbuvaria9@gmail.com
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DOB: Jan 01, 1900	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283647 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*S. Afzal*

PRN: 2018016400938931	Eligibility Status: Eligible	Examination form No.: 110165 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH AFZAL MOHD MANZAR</b>	Mother's Name: SALAI KHATOON	Gender: Male
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Name in Vernacular Language: शेख अफझल मोहम्मद मंजर
--

Address: C/303 YOGESHWAR APT MAIN BAZAR
---

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612
--

Telephone no.:	Mobile no: 919769660480	Email : afzalmanzarshaikh2000@gmail.com
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DOB: Oct 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283562 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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*Jeet Adani*

PRN: 2018016400938946	Eligibility Status: Provisional	Examination form No.: 110166 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ADANI JEET VINESH</b>	Mother's Name: MADHUBALA	Gender: Male
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Name in Vernacular Language: जीत विनेश अदानी
--

Address: B/207. Kailash Darshan Appt Mahatma phule road
---

City: Dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202
--

Telephone no.:	Mobile no: 919136397144	Email : adanijeet7@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: 7283136 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### 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.R.T

PRN: 2018016400938954	Eligibility Status: Eligible	Examination form No.: 110167 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKKAR SHUBH RAMESH</b>	Mother's Name: PRABHA	Gender: Male
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Name in Vernacular Language: ठक्कर शुभ रमेश
---

Address: Room 506 ,Louis Appt,Louiswadi, Opp tjsb Bank Thane (W). Room 005 ,shilpa Appt, near tjsb Bank Thane (W).
--

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604
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Telephone no.:	Mobile no: 917506220330	Email : shubhthakkar7506@gmail.com
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DOB: Jul 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: 7283761 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ;Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/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: 2018016400938962	Eligibility Status: Eligible	Examination form No.: 110168 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH BHISHMA DEVEN</b>	Mother's Name: VANDANA	Gender: Male
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Name in Vernacular Language: bhisma
-------------------------------------

Address: VLVG HOSTEL CAMA LANE KIROL ROAD
---

City: GHATKOPAR, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086
--

Telephone no.: 28757168	Mobile no: 919561929791	Email : bheeshmashah@gmail.com
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DOB: Jan 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: 7283542 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Mamta*

PRN: 2018016400938977	Eligibility Status: Eligible	Examination form No.: 110169 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>YADAV MAMTA VIJAY</b>	Mother's Name: REETA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: यादव ममता विजय

Address: PRIYADARSHINI ZHOPADI SANGH GALLI NO 5 RAMABAI AMBEDKAR NAGAR GHATKOPAR EAST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400075

Telephone no.:	Mobile no: 917039312870	Email : yadavmamta2022@gmail.com
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DOB: Dec 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: 7283665 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400938985	Eligibility Status: Eligible	Examination form No.: 110170 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAI VAIBHAV RAJESH</b>	Mother's Name: AMITHA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: राई वैभव राजेश
---

Address: B-406 ,Saidham building Sagaon cheranagar,Nandivali pada Manpada road ,Dombivali (East)
--

City: Dombivali (East), Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421204
--

Telephone no.:	Mobile no: 918652369550	Email : nikitharai111@gmail.com
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DOB: Aug 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: 7283495 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2018016400938993	Eligibility Status: Eligible	Examination form No.: 110171 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MAITY RAKHI NANTU</b>	Mother's Name: ANJANA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: मैती राखी नंतु अंजना

Address: ROOM NO 58 CHAWL NO 2 MITH BUNDER ROAD SAI NAGARI CHENDANI KOLIWADA

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400603

Telephone no.:	Mobile no: 919867019868	Email : meeramaity26@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: 7283384 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2018016400939002	Eligibility Status: Eligible	Examination form No.: 110172 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAVAL PRITESH SHAILESH</b>	Mother's Name: YOGITA	Gender: Male
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Name in Vernacular Language: रावल प्रितेश शैलेशकुमार

Address: ROOM NO. 4, GROUND FLOOR, JAIMALHAR BLDG., PADWAL NAGAR, WAGLE ESTATE, THANE WEST

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604

Telephone no.:	Mobile no: 918355982737	Email : shaileshraval448@gmail.com
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DOB: Nov 21, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283512 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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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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*Arati*

PRN: 2018016400939017	Eligibility Status: Eligible	Examination form No.: 110173 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAJBHAR ARATI ASHOK</b>	Mother's Name: BINDU	Gender: Female
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Name in Vernacular Language: राजभर आरती अशोक

Address: RAM NAGAR B LAL KILLA SOCIETY

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079

Telephone no.:	Mobile no: 919702807426	Email : RAJBHARARATI0@GMAIL.COM
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DOB: Apr 25, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283497 (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:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400939025	Eligibility Status: Eligible	Examination form No.: 110174 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KUSHWAHA BHAVIKA SANTOSH</b>	Mother's Name: ANITA	Gender: Female
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Name in Vernacular Language: कुशवाहा भाविका संतोष अनिता

Address: BATALIWALA CHAWL NO 2 ROOM NO 10 SAI NAGARI MITH BUNDER ROAD

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400603

Telephone no.:	Mobile no: 919867938545	Email : monakushwaha21@gmail.com
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DOB: May 11, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283370 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Laxmi*

PRN: 2018016400939033	Eligibility Status: Eligible	Examination form No.: 110175 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GUPTA LAXMI INDRABHADUR</b>	Mother's Name: URMILA	Gender: Female
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Name in Vernacular Language: गुप्ता लक्ष्मी इंद्रबहादूर

Address: ROOM NO.603, TRANSCAM, RAMNAGAR, GHATKOPAR WEST, MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919619508148	Email : 1234kajalgupta@gmail.com
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DOB: Jul 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: 7283271 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400939041	Eligibility Status: Eligible	Examination form No.: 110176 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TERVANKAR SNEHAL ANKUSH</b>	Mother's Name: SANGITA	Gender: Female
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Name in Vernacular Language: तेखणकर स्नेहल अंकुश संगीता

Address: PARAKADAM MARG, ASALPHAVILLAGE, ADARSH CHAWL COMMITTEE, MUKUNDRAO, AMBEDKAR NAGAR GHATKOPAR(W), MUMBAI-84

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084

Telephone no.:	Mobile no: 918291530064	Email : snehaltervankar32@gmail.com
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DOB: Jan 28, 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: 7283622 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2018016400939056	Eligibility Status: Eligible	Examination form No.: 110177 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHETTY RAKSHA KARUNAKAR</b>	Mother's Name: REKHA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: शेटी रक्षा करुणाकर

Address: near shanishwar mandir 4/2 aminabai chawl sanghani state

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919594596681	Email : rakshashetty044@gmail.com
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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: 7283590 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400939072	Eligibility Status: Eligible	Examination form No.: 110178 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANDEY ANSHIKA ASHOK KUMAR</b>	Mother's Name: SUNITA	Gender: Female
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Name in Vernacular Language: पाण्डेय अंशिका अशोक कुमार

Address: PLOT NO 1 MAYA COAL SHOP, NEW GAUTAM NAGAR NEAR ANJUMAN SCHOOL, GOVANDI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043

Telephone no.:	Mobile no: 919029638366	Email : VANDANAMISHRA394@GMAIL.COM
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DOB: Jan 15, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283715 (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: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Nilesh*

PRN: 2018016400939087	Eligibility Status: Eligible	Examination form No.: 110179 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>DASANA NILESH JAYSINGH</b>	Mother's Name: MEERA	Gender: Male
Name in Vernacular Language: दसाणा निलेश जयसिंह		
Address: santoshi mata nagar tagore nagar group no 5 vikhroli east		
City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083		
Telephone no.:	Mobile no: 919167366985	Email : dasananilesh@gmail.com
DOB: Nov 11, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283674 (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	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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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: 2018016400939095	Eligibility Status: Eligible	Examination form No.: 110180 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GOPI SHRADDHA VISHANU</b>	Mother's Name: RENUKA	Gender: Female
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Name in Vernacular Language: श रद्धा
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Address: Room no 10 Mathur sheth chawl Premiere rd ,kamani Kurla (W) mumbai 400070
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City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070
---

Telephone no.:	Mobile no: 918693093797	Email : aniketgopi147@gmail.com
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DOB: May 19, 2001	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283259 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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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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*Signature*

PRN: 2018016400939122	Eligibility Status: Eligible	Examination form No.: 110181 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SINGH ANJALI SATISHKUMAR</b>	Mother's Name: SADHANA	Gender: Female
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Name in Vernacular Language: सिंह अंजली सतीशकुमार
---

Address: 303/A ARCHERS PARK HALL VILLAGE ROAD, KURLA (WEST)
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070
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Telephone no.:	Mobile no: 919821406967	Email : sgsatish70@gmail.com
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DOB: May 08, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283605 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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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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: 2018016400939137	Eligibility Status: Eligible	Examination form No.: 110182 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ANCHAN ASHWIN KISHORE</b>	Mother's Name: BHAVANI	Gender: Male
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Name in Vernacular Language: अंकन अश्विन किशोर
--

Address: 4, SOHANLAL CHAWL, PRATAP NAGAR ROAD, FARID NAGAR BHANDUP{W}, MUMBAI
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078
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Telephone no.:	Mobile no: 919967526206	Email : ashwinanchan01@gmail.com
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DOB: Feb 01, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283139 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/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: 2018016400939145	Eligibility Status: Eligible	Examination form No.: 110183 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHETTY AKASH HARISH</b>	Mother's Name: MAMATHA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: शेटी आकाश हरिश

Address: 604, POONAM APPARTMENT JANTA MARKET SUBHASH ROAD BHANDUP{W} , MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078

Telephone no.:	Mobile no: 919987299559	Email : akashvilliers04@gmail.com
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DOB: Apr 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: 7283586 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Application Form for Examination of Summer Session 2021 event.

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PRN: 2018016400939153	Eligibility Status: Eligible	Examination form No.: 110184 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH ZARAFSHAH MOHMAD HANIF</b>	Mother's Name: SHEHNAZ	Gender: Female
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Name in Vernacular Language: शेख झाराफ़शः मोहंमद हनीफ
---

Address: B/402, SULTANA APT. NEAR DADI COLONY, AMRUT NAGAR, MUMBRA, THANE-400612
--

City: MUMBRA, Taluka: , District: , State: Maharashtra, PIN: 400612
---

Telephone no.:	Mobile no: 919867176555	Email : szarafsha14@gmail.com
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DOB: Aug 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: 7283578 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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Application Form for Examination of Summer Session 2021 event.

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PRN: 2018016400939176	Eligibility Status: Eligible	Examination form No.: 110185 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PANCHAL NIDHI BHAVESH</b>	Mother's Name: NISHA	Gender: Female
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Name in Vernacular Language: gujrati
--------------------------------------

Address: 202, om neelkanth, shiv shrusti complex, link road. mulund(west), mumbai 501, om neelkanth, shiv shrusti comnk road. mulund(wplex, liest), mumbai
--

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
--

Telephone no.:	Mobile no: 918169573731	Email : nishapanchal44@yahoo.com
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DOB: Sep 06, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283451 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	<p>Student's Signature</p>

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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: 2018016400939184	Eligibility Status: Eligible	Examination form No.: 110186 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JAISWAR ANKITA BALKISHAN</b>	Mother's Name: RANJITA	Gender: Female
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Name in Vernacular Language: जैसवार अंकिता बालकिशन

Address: Balkisan Jaiswar Dhumale Chawl, Ghodbunder Road, Near Smashbhumi, Shivaji Nagar, Chitlasar Balkisan Jaiswar Dhumale Chawl, Ghodbunder Road, Near Smashbhumi, Shivaji Nagar, Chitlasar

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400607

Telephone no.: Mobile no: 918450955684 Email : ANKITAJAISWAR47922@GMAIL.COM

DOB: Aug 25, 2001 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283298 (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: <b>Vidyavihar</b>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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*Kajal*

PRN: 2018016400939203	Eligibility Status: Eligible	Examination form No.: 110187 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SINGH KAJAL AUDHESH</b>	Mother's Name: GUDIYA	Gender: Female
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Name in Vernacular Language: सिंह काजल औधेश

Address: Building no. 6/B, Room no. 208, Himalaya CHS, Hiranandani Akruiti, Lallubhai Compound

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043

Telephone no.:	Mobile no: 919619371996	Email : kajalsinghkhusi2000@gmail.com
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DOB: Jul 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: 7283608 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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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: 2018016400939211	Eligibility Status: Eligible	Examination form No.: 110188 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: SHINDE ADITI CHANDRAKANT	Mother's Name: VANDANA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: शिंदे अदिती चंद्रकांत

Address: COLLECTOR CHAWL NO 6, ROOM NO 11 AGARWADI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400088

Telephone no.:	Mobile no: 917039671746	Email : aditishinde178@gmail.com
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DOB: Oct 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: 7283593 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2018016400939226	Eligibility Status: Provisional	Examination form No.: 110189 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH MOHD KAIF ASHPAQ</b>	Mother's Name: SHAINAAZ	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: SHAIKH MOHD KAIF ASHPAQ
--

Address: Room no 2 prabho kutir nityanand nagar kajupada kamani kurla west mumbai
---

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072
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Telephone no.:	Mobile no: 919930567045	Email : kaifshaikh488@gmail.com
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DOB: Dec 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: 7283743 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	<p>Student's Signature</p>

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2018016400939234	Eligibility Status: Eligible	Examination form No.: 110190 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BOHARA SAVITA RAM</b>	Mother's Name: SEETA	Gender: Female
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Name in Vernacular Language: सविता
------------------------------------

Address: 1/22,SHREE SAI SHRADHA SEVA SANGH,HANUMAN GALLI KANJURMARG (EAST) MUMBAI
---

City: MUMBAI SUBURBAN, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400042
--

Telephone no.:	Mobile no: 917738746484	Email : savitabohara17@gmail.com
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DOB: Aug 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: 7290663 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ;Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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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*Mhaddalkar Parthy Shekhar*

PRN: 2018016400939242	Eligibility Status: Eligible	Examination form No.: 110191 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MHADDALKAR PARTHY SHEKHAR</b>	Mother's Name: SANGEETA	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: म्हाडदळकर पार्थी शेखर
--

Address: ASHIRWAD BLD.,C-61 4TH FLOOR GUNSAGAR NAGAR, NEAR JAIN TEMPLE KALWA WEST.
--

City: MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605
---

Telephone no.:	Mobile no: 918329345801	Email : parthymhaddalkar1@gmail.com
----------------	-------------------------	-------------------------------------

DOB: Dec 31, 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: 7283408 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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*Abhijith*

PRN: 2018016400939257	Eligibility Status: Eligible	Examination form No.: 110192 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MENON ABHIJITH SREEKUMAR</b>	Mother's Name: JAYASHREE	Gender: Male
---	--------------------------	--------------

Name in Vernacular Language: **मेनन अभिजित श्रीकुमार**

Address: **FLAT NO:G-2,BLDG NO:16,MOHAN PALMS KATRAP,BADLAPUR(E)**

City: **BADLAPUR, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421503**

Telephone no.: 2614401	Mobile no: 919987227937	Email : menonabhijith10@gmail.com
------------------------	-------------------------	-----------------------------------

DOB: Sep 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: 7283405 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Phadam*

PRN: 2018016400939265	Eligibility Status: Eligible	Examination form No.: 110193 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KADAM PRAJWAL CHANDRASHEKAR</b>	Mother's Name: VAISHALI	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: कदम प्रज्वल चंद्रशेखर

Address: FLAT 601, SAI HERITAGE NAHUR ROAD POLICE STATION MULUND WEST

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080

Telephone no.:	Mobile no: 919167162171	Email : kadamprajwal@gmail.com
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DOB: Jul 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: 7283310 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

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PRN: 2018016400939273	Eligibility Status: Eligible	Examination form No.: 110194 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>LATHIA SMIT HITESH</b>	Mother's Name: JIGNA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: लथिया स्मित हितेश
--

Address: 501/502 Marathon Galaxy 2 L.B.S. Marg Mulund West
--

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
--

Telephone no.:	Mobile no: 919769089312	Email : lathiasmit@gmail.com
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DOB: Dec 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: 7283374 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:  Student's Signature
---	--

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400939281	Eligibility Status: Eligible	Examination form No.: 110195 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHANUSHALI DHRUV GANGJI</b>	Mother's Name: DAMYANTI	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: भानुशाली ध्रुव गंगाजी
--

Address: 3/6 shivnath vinod gupta chawl asalpha village subhash nagar ghatkopar (w)
---

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084
---

Telephone no.:	Mobile no: 919820494121	Email : dhruvbhanushali98@gmail.com
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DOB: Sep 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014631 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

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: 2018016400939296	Eligibility Status: Eligible	Examination form No.: 110196 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAWANT SUDESH DATTATRAYA</b>	Mother's Name: DAKSHATA	Gender: Male
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Name in Vernacular Language: सावंत सुदेश दत्तात्रय
--

Address: 401 SHIV DARSHAN CHS QUARRY ROAD OPPOSITE TO MARIGOLD BUILDING
---

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078
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Telephone no.:	Mobile no: 918976216238	Email : sudesh8976@gmail.com
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DOB: Jun 03, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283738 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:  Student's Signature
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### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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PRN: 2018016400939307	Eligibility Status: Eligible	Examination form No.: 110197 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SIDDIQUI MUSKAN IRSHAD ALI</b>	Mother's Name: JEHANARA	Gender: Female
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Name in Vernacular Language: SIDDIQUI MUSKAN IRSHAD ALI
---

Address: Bldg no C4 Room No 703 New Mhada Cly Kokri Agar wadala MUMBAI
--

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400037
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Telephone no.:	Mobile no: 919619363039	Email : siddiquisaifali7@gmail.com
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DOB: Nov 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: 7283602 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: <b>Vidyavihar</b></p> <p>Date:</p>
	<p>Student's Signature</p>

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400939315	Eligibility Status: Eligible	Examination form No.: 110198 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SINGH ANKITA VINODKUMAR</b>	Mother's Name: REKHA	Gender: Female
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Name in Vernacular Language: सिंग अंकिता विनोद कुमार
--

Address: PLOT NO-26/F,6, ROAD NO-11 BAIGANWADI, GOVANDI
---

City: MUMBAI, Taluka: MUMBAI, District: Mumbai City, State: Maharashtra, PIN: 400043
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Telephone no.:	Mobile no: 918655540659	Email : SINGHHH1807@GMAIL.COM
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DOB: Jul 18, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283606 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:		
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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*Rahji*

PRN: 2018016400939323	Eligibility Status: Eligible	Examination form No.: 110199 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DALVI SAHER MUKHTAR</b>	Mother's Name: NASREEN	Gender: Female
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Name in Vernacular Language: दळवी सहेर मुख्तार
--

Address: room no 202b/wing ashraf apt 2nd floor chand nagar kausa mumbra
--

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612
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Telephone no.:	Mobile no: 919867428725	Email : saherdalvi17@gmail.com
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DOB: Aug 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: 7283214 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:  Student's Signature
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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: 2018016400939331	Eligibility Status: Eligible	Examination form No.: 110200 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>KARANGUTKAR ANISHA ANIL</b>	Mother's Name: ANUSHREE	Gender: Female

Name in Vernacular Language: अनिशा

Address: A/3; 3:04 SHREE VINAYAK CHS SECTOR-16, NERUL(WEST) NAVI MUMBAI

City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400706

Telephone no.: Mobile no: 917039710302 Email : anishakarangutkar@gmail.com

DOB: Jun 28, 2000 Category: Reserved (OBC) Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283319 (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	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
	Student's Signature

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400939346	Eligibility Status: Eligible	Examination form No.: 110201 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: SHINDE SHIVANI ANANDA	Mother's Name: SUREKHA	Gender: Female
---------------------------------------	------------------------	----------------

Name in Vernacular Language: शिंदे शिवानी आनंदा

Address: room no. 13, navnath chawl-2, suryanagar L.B.S. road, behind suryanagar police station, vikroli West

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083

Telephone no.:	Mobile no: 919969023667	Email : anandashinde67@gmail.com
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DOB: Mar 03, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283596 (Status: ATKT)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: 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: 2018016400939354	Eligibility Status: Eligible	Examination form No.: 110202 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MIRZA FARHANA FATIMA ASHWAQ HUSSAIN</b>	Mother's Name: RESHMA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: मिर्जा फरहाना फातिमा अशवाक हुसेन

Address: PLOT NO 37 AA-A6 ROAD NO 12 BAIGANWADI GOVANDI MUMBAI

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043

Telephone no.:	Mobile no: 918693836289	Email : skfarana5656@gmail.com
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DOB: Jun 03, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283707 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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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: 2018016400939362	Eligibility Status: Eligible	Examination form No.: 110203 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>JHA VIBHA MITHILESH</b>	Mother's Name: GAMBHIRA	Gender: Female
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Name in Vernacular Language: विभा

Address: 14/G/703 Nilkanth CHS Sangharsh Nagar Sakinaka S.O, Mumbai

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072

Telephone no.:	Mobile no: 917045795484	Email : deepali.uif@gmail.com
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DOB: Nov 14, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283301 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# 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: 2018016400939377	Eligibility Status: Eligible	Examination form No.: 110204 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAIKH AASIYA MOHAMMED HAFIJULLA</b>	Mother's Name: SAKHTUNNISHA	Gender: Female
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Name in Vernacular Language: शेख आशिया मोहम्मद हफिजुल्ला

Address: 4B 504 Shanti Sadan Society Chandivali Farm Road Sangharsh Nagar Andheri East Mumbai - 400072

City: Mumbai, Taluka: , District: Mumbai City, State: Maharashtra, PIN: 400072

Telephone no.: Mobile no: 917666214607 Email : shaikhaasiya258@gmail.com

DOB: Apr 01, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283559 (Status: Pass)

Exam form appearance type: Fresher

**Paper Details:** Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



# University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400939404	Eligibility Status: Eligible	Examination form No.: 110205 	Division/Section:	Roll No.:	C. L. Sawant.
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAWANT CHETAN LILADHAR</b>	Mother's Name: CHHAYA	Gender: Male
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Name in Vernacular Language: सावंत चेतन लीलाधर

Address: Room No. 405/4, D Wing, Adarsh apartment Near mausam theater, Mumbra Devi colony Diva (East)

City: Diva, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612

Telephone no.:	Mobile no: 919137998165	Email : chetansawant500@yahoo.com
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DOB: Mar 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: 7283538 (Status: Pass)
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Exam form appearance type: Fresher

### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83023	Investment Analysis and Portfolio Management Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: <b>Vidyavihar</b>
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		





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S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2018016400939435	Eligibility Status: Eligible	Examination form No.: 110207 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NAGDA MAITRI NILESH</b>	Mother's Name: DIVYA	Gender: Female
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Name in Vernacular Language: मंत्री
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Address: 103, K wing Vardhman Nagar, mulund(west)
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City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 917498358733	Email : maitri.nagda70@gmail.com
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DOB: Apr 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: 7283425 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83029	Elements of Operational Research Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b>
	Date:

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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PRN: 2018016400939443	Eligibility Status: Eligible	Examination form No.: 110208 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SATRA SHRUTI DHIRAJ</b>	Mother's Name: SONAL	Gender: Female
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Name in Vernacular Language: shruti
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Address: 401,PANCHAVATI APT, JOSHIWADA,CHARAI
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City: THANE, Taluka: THANE, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.: 25442526	Mobile no: 919167514803	Email : shrutisatra17@gmail.com
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DOB: Dec 04, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283535 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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Mark Statement Fee	Total:	
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### Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		