



# 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:

2018016400939451

Eligibility Status:

Eligible

Examination form No.:

110209



Division/Section:

Roll No.:

Anjali

Instruction Medium:

Nationality:

India

### Student's Personal Information

Student's Name: **GUPTA ANJALI GOVINDLAL**

Mother's Name: ARUNIMA

Gender: Female

Name in Vernacular Language: गुप्ता अंजली गोविंदलाल

Address: ROOM NO.21 ,FIRST FLOOR, OM VARSU APT. ,SHANTI NAGAR-27, THANE-400604

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

Telephone no.:

Mobile no: 917039998824

Email : anjaligg357@gmail.com

DOB: Mar 10, 2000

Category: Open

Physically Handicap: No

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

Exam Event: Nov-2019

Seat No: 7283267 (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:

Date:

College Staff Signature

Seal and Signature of  
Principal/HOD/Chairperson



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PRN: 2018016400939466	Eligibility Status: Eligible	Examination form No.: 110210 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DUBARIYA BHUMIKA HARAKHA</b>	Mother's Name: KUVAR	Gender: Female
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Name in Vernacular Language: BHUMIKA
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Address: PLOT NO.15 ROOM NO. C4, OLD MHADA NEAR VASANT VIHAR THANE WEST THANE
---

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400610
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Telephone no.:	Mobile no: 918828257080	Email : bhumikapatel366@gmail.com
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DOB: Nov 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283232 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400939474	Eligibility Status: Eligible	Examination form No.: 110211 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KARANJE RAKHI VINOD</b>	Mother's Name: VAISHALI	Gender: Female
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Name in Vernacular Language: करंजे राखी विनोद

Address: JAI MAHARASHTRA CHAWL, SANEGURUJI NAGAR, ASLPHA,

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

Telephone no.:	Mobile no: 919527300924	Email : rakhikaranje@gmail.com
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DOB: Dec 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: 7283321 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400939482	Eligibility Status: Eligible	Examination form No.: 110212 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PARMAR DHVANI RAMESH</b>	Mother's Name: DEEPALI	Gender: Female
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Name in Vernacular Language: Dhvani
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Address: 104, 6B Kukreja complex Lbs marg
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City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078
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Telephone no.:	Mobile no: 919619459465	Email : dhvaniparmar24@gmail.com
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DOB: Nov 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: 7283463 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

PRN: 2018016400939497	Eligibility Status: Eligible	Examination form No.: 110213 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MENEZES ROSETTA ARTHUR</b>	Mother's Name: PRISCILLA	Gender: Female
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Name in Vernacular Language: मिनेजस रोझेटा आर्थर
--

Address: E-103 SUMER CASTLE L.B.S ROAD
--

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

Telephone no.: 25475450	Mobile no: 919920401670	Email : rosettam122000@gmail.com
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DOB: Dec 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: 7283705 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

<b>Payment Details:</b>	Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):
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Venue Preference (Code/Name):
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<b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b> I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: <b>Vidyavihar</b> Date:   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: 2018016400939501	Eligibility Status: Eligible	Examination form No.: 110214 	Division/Section:	Roll No.: <i>Ashutosh K</i>
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KASHYAP ASHUTOSH JAGDISHPRASAD</b>	Mother's Name: SUSHILADEVI	Gender: Male
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Name in Vernacular Language: आशुतोष

Address: SHITAL KAHAR CHAWL, NALPADA, KAPURBAWDI G. B. ROAD THANE (W)

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

Telephone no.:	Mobile no: 919769138312	Email : ashutosh.kashyap058@gmail.com
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DOB: Jun 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: 7283327 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

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

Place: **Vidyavihar**

Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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



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*Mohit*

PRN: 2018016400939516	Eligibility Status: Eligible	Examination form No.: 110215 	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 MOHIT SUNIL</b>	Mother's Name: RANI	Gender: Male
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Name in Vernacular Language:hindi
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Address: A/14 shiv sadan bldg,datt nagar,DNC rd,Dombivali (E) shiv sadan bldg in frong of ulga smiti bldg ground floor room no 14 A wing
--

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

Telephone no.:	Mobile no: 917021480183	Email : mj9967951919@gmail.com
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DOB: Feb 09, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014658 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment,CA - College Assessment )

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

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

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

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



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*Sheetal*

PRN: 2018016400939524	Eligibility Status: Eligible	Examination form No.: 110216 	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 SHEETAL RAMJI</b>	Mother's Name: VELI	Gender: Female
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Name in Vernacular Language: Patel Sheetal Ramji
--

Address: 12/2, Panchgan chawl Shri Krishna Nagar 90ft road, Andheri Kurla road
--

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

Telephone no.: 8507218	Mobile no: 919819124582	Email : sheetalpatel813@gmail.com
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DOB: Mar 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: 7283475 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
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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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Akshata B.

PRN: 2018016400939532	Eligibility Status: Eligible	Examination form No.: 110217 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHOITE AKSHATA ANIL</b>	Mother's Name: VAISHALI	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: भोईटे अक्षता अनिल

Address: KANCHAN JANGA APARTMENT A8 404 LOKDHARA KALYAN EAST

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

Telephone no.:	Mobile no: 919320002622	Email : anil10141@rediffmail.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: 7283185 (Status: Pass)
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Exam form appearance type: Fresher

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

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

PRN: 2018016400939547	Eligibility Status: Eligible	Examination form No.: 110218 	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 DAKSHA VASHRAM</b>	Mother's Name: DHANI	Gender: Female
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Name in Vernacular Language: Daksha
-------------------------------------

Address: E-9 bhushan niwas Behind patel oil depot Kajupada pipeline
---

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

Telephone no.:	Mobile no: 919967935340	Email : ashokravariya63@gmail.com
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DOB: Mar 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: 7283515 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

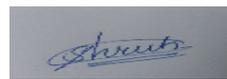
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016400939555	Eligibility Status: Eligible	Examination form No.: 110219 	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 SHRUTI SANTOSH</b>	Mother's Name: KANCHAN	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: श्रुती कदम

Address: 603,neel kamal chs ltd tilak nagar,chembur.mumbai 89 603,neel kamal chs ltd tilak nagar,chembur.mumbai 89 603,neel kamal chs ltd tilak nagar,chembur.mumbai 89

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

Telephone no.:	Mobile no: 918652297404	Email : SHRUTIKADAM252@GMAIL.COM
----------------	-------------------------	----------------------------------

DOB: Mar 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: 7283693 (Status: Fail)
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Exam form appearance type: Fresher

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

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

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

### Payment Details:

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400939563	Eligibility Status: Eligible	Examination form No.: 110220 	Division/Section:	Roll No.:	<i>Priyathakur</i>
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THAKUR PRIYA PREMSINGH</b>	Mother's Name: TULSI THAKUR	Gender: Female
---	-----------------------------	----------------

Name in Vernacular Language: ठाकुर प्रिया प्रेमसिंघ

Address: ROOM NO. 503, A WING , BLDG NO. A - 35 DEEPMALA C.H.S. , RNA COLONY, VASHINAKA, CHEMBUR, MUMBAI

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

Telephone no.:	Mobile no: 917039523182	Email : PRIYATHAKUR3455@GMAIL.COM
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DOB: Sep 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: 7283635 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper 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: 2018016400939571	Eligibility Status: Eligible	Examination form No.: 110221 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHAWLA BHARTI VIJAYKUMAR</b>	Mother's Name: POONAMDEVI	Gender: Female
---	---------------------------	----------------

Name in Vernacular Language: भर्ती

Address: room no 59-1/1, taskand bhawan society, SHELL COLONY ROAD thakkar bappa , chembur

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

Telephone no.:	Mobile no: 919833375362	Email : vijaychawla1979@gmail.com
----------------	-------------------------	-----------------------------------

DOB: Oct 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: 7283195 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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

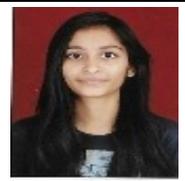
<http://mum.digitaluniversity.ac/>

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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*Dhwani*

PRN: 2018016400939586	Eligibility Status: Eligible	Examination form No.: 110222 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DHWANI DESAI VIPUL</b>	Mother's Name: SONAL	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: ध्वनी देसाई विपुल
--

Address: B/404, VARSHASWAPNA SOC GAVANPADA ROAD MULUND EAST, MUMBAI 81
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400081
--

Telephone no.:	Mobile no: 919594815127	Email : dhwani70@gmail.com
----------------	-------------------------	----------------------------

DOB: Nov 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7290668 (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

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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: 2018016400939594	Eligibility Status: Eligible	Examination form No.: 110223 	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 DRUSHTI MUKESH</b>	Mother's Name: NIRMALA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: Drushti
--------------------------------------

Address: A/4, prabhasa society Golibar road, jagdusha Nagar Ghatkopar West Mumbai
---

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

Telephone no.:	Mobile no: 919619895918	Email : drashzzzzshah01@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: 7283544 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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: 2018016400939605	Eligibility Status: Eligible	Examination form No.: 110224 	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 SAHIL RAZA ABDUL MAJID</b>	Mother's Name: HAJRA	Gender: Male
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Name in Vernacular Language: शेख साहिल रजा अब्दुल मजीद

Address: Room No.3 Razzaque Chawl, Masjid Compound Group No.2

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400083

Telephone no.:	Mobile no: 918757625747	Email : shaikhsahil865256@gmail.com
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DOB: Mar 03, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283574 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400939613	Eligibility Status: Eligible	Examination form No.: 110225 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MUKKERA SAIKIRAN GALAYYA</b>	Mother's Name: LALITA	Gender: Male
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Name in Vernacular Language: मुकररा सिकिरन गैलेया
---

Address: samadhan chawl ganesh marg group no. 2 b wing room no. 4
---

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

Telephone no.:	Mobile no: 917039414364	Email : saikiranmukker96@gmail.com
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DOB: Jun 22, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283424 (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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PRN: 2018016400939621	Eligibility Status: Eligible	Examination form No.: 110226 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHOUHARY AISHA KHATOON BABU HUSSAIN</b>	Mother's Name: SHAHEEDA	Gender: Female
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Name in Vernacular Language: Choudhary Aisha Khatoon Babu Hussain
---

Address: A/6 Kumar Sadan New Hall Road Near Karthika High School
--

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070
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Telephone no.:	Mobile no: 917045332870	Email : knadeem11111@gmail.com
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DOB: Aug 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: 7283207 (Status: Pass)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

Student's Signature

<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: 2018016400939636	Eligibility Status: Eligible	Examination form No.: 110227 	Division/Section:	Roll No.:
Instruction Medium:			Nationality: India	

### Student's Personal Information

Student's Name: <b>JADHAV SAYALI ASHOK</b>	Mother's Name: SITABAI	Gender: Female
Name in Vernacular Language: SAYALI		
Address: 1658/44 ,C.G.S.COLONY,SECTOR-7,ANTOP HILL,MUMBAI-37 C.G.S. COLONY		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400037		
Telephone no.:	Mobile no: 919137727739	Email : jadhavsayali569@gmail.com
DOB: Mar 09, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283285 (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:
Center Preference (Code/Name):		Bank:
Venue Preference (Code/Name):		

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

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/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: 2018016400939644	Eligibility Status: Eligible	Examination form No.: 110228 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MASKAWALA MARIYAM HUSAIN</b>	Mother's Name: SAKINA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: मस्कवाला मॅरियम हुसेन

Address: 228 B DARUWALA BLDG ROOM NO 3 GROUND FLOOR BAZAR WARD KURLA WEST

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

Telephone no.:	Mobile no: 918691834171	Email : mariyam7865253@gmail.com
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DOB: Apr 17, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283702 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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Rahul

PRN: 2018016400939652	Eligibility Status: Eligible	Examination form No.: 110229 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DAMA RAHUL ASHWIN</b>	Mother's Name: SARASWATI	Gender: Male
--	--------------------------	--------------

Name in Vernacular Language: दमरु राहुल अश्विन
--

Address: 15 sai dham bld. mp rd DOMBIVLI WEST
---

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

Telephone no.:	Mobile no: 918291344714	Email : bhanushalinilesh15@gmail.com
----------------	-------------------------	--------------------------------------

DOB: Jan 17, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7290667 (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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*Manish*

PRN: 2018016400939667	Eligibility Status: Eligible	Examination form No.: 110230 	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 DRASHTI MANISH</b>	Mother's Name: VAISHALI	Gender: Female
---	-------------------------	----------------

Name in Vernacular Language: सुरती दृष्टी मनीष

Address: 203,Chaitanya Anand Apt. Sambhaji Nagar, behind Royal Challenge Hotel Thane [w],400604

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

Telephone no.:	Mobile no: 919892516491	Email : drashti1400@gmail.com
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DOB: Sep 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283617 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400939675	Eligibility Status: Eligible	Examination form No.: 110231 	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 JIGNA BHARAT</b>	Mother's Name: BHARATI	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: भानूशाली जिगना भरत
---

Address: D-502, Chandresh Oasis, Lodha Heaven, Kalyan shil road, Dombivli
---

City: Dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421204
--

Telephone no.:	Mobile no: 919370294817	Email : jignabhanushali2000@gmail.com
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DOB: Sep 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283174 (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

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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: 2018016400939683	Eligibility Status: Eligible	Examination form No.: 110232 	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 TANEEM SHAKEEL AHMED</b>	Mother's Name: TASNEEM	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: खान तनिम शकील अहमद

Address: BUILDING NO-25, FLAT NO 2575, KOHINOOR CITY BUILDING, KURLA WEST

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

Telephone no.:	Mobile no: 919987474136	Email : salimbros64@gmail.com
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DOB: Jun 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: 7283356 (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:		



# 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: 2018016400939691	Eligibility Status: Eligible	Examination form No.: 110233 	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 RIYA TRIYUGINARAYAN</b>	Mother's Name: REETADEVI	Gender: Female
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Name in Vernacular Language: सिंह रिया त्रियुगीनारायण

Address: ROOM NO. 13 MAHATMA FULE NAGAR BEHIND AMRUT ANGAN PHASE 2 PARSIK NAGAR KALWA THANE

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

Telephone no.:	Mobile no: 918291793837	Email : priti.fca@gmail.com
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DOB: May 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283610 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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*Bhalia J R*

PRN: 2018016400939702	Eligibility Status: Eligible	Examination form No.: 110234 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHALIA JAY RAMESH</b>	Mother's Name: RASHMI	Gender: Male
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Name in Vernacular Language: भालिया जय रमेश

Address: 1 SHAMJI KARMASHI WADI KAMALANE, KIROL ROAD GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919833912129	Email : JAYBHALIA99@GMAIL.COM
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DOB: Dec 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: 7014629 (Status: Pass)
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Exam form appearance type: Fresher

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

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

PRN: 2018016400939717	Eligibility Status: Eligible	Examination form No.: 110235 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: VASIYA MITESH RAJESH	Mother's Name: JAYSHREE	Gender: Male
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Name in Vernacular Language: वासीया मितेश राजेश

Address: RM NO 03 SAMJI KARAMSI WADI KAMALANE KIROL RD GHATKOPAR WEST

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

Telephone no.:	Mobile no: 918291586776	Email : miteshvasiya12@gmail.com
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DOB: Jan 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: 7283764 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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: 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: 2018016400939725	Eligibility Status: Eligible	Examination form No.: 110236 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>TRIPATHI PRABHAT BRIJENDRA</b>	Mother's Name: MANISHA	Gender: Male
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Name in Vernacular Language: प्रभात ब्रिजेंद्र त्रिपाठी

Address: HOUSE NO-722/9, CHINCHALI NEAR GUNALI TALAV,GHANSOLI,NAVI MUMBAI, 400701 HOUSE NO-722/9, CHINCHALI NEAR GUNALI TALAV,GHANSOLI,NAVI MUMBAI, 400701

City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400701

Telephone no.:	Mobile no: 917738967728	Email : prabhat.tripathi11042000@gmail.com
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DOB: Apr 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: 7283640 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

### Payment Details:

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

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<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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PRN: 2018016400939733	Eligibility Status: Eligible	Examination form No.: 110237 	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 RAM SHYAMNARAYAN</b>	Mother's Name: SUNILA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: पांडे राम श्यामनारायण सुनील
--

Address: DARSHAN YADAV CHAWL PIPE LINE NEAR SHANKAR MANDIR KAPURBAVADI NALPADA THANE WEST
---

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400607
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Telephone no.:	Mobile no: 918169433374	Email : pandey9702040291@gmail.com
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DOB: Nov 11, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283456 (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:		



# 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: 2018016400939741	Eligibility Status: Eligible	Examination form No.: 110238 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ANTHONY JOSHUA AROCKINADAN</b>	Mother's Name: RAJESHREE	Gender: Male
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Name in Vernacular Language: एन्थनी जोशवा आरोकीनादन

Address: C/407 vijaya apt Shahir damodar vitavkar marg Vitawa kalwa thane (w)

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

Telephone no.:	Mobile no: 919930600540	Email : joshuaanthony61115@gmail.com
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DOB: Sep 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: 7283144 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016400939756	Eligibility Status: Eligible	Examination form No.: 110239 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>INGALE KOMAL SUHAS</b>	Mother's Name: GAURI	Gender: Female
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Name in Vernacular Language: इंगळे कोमल सुहास
---

Address: Building No. 174, Flat No. 4860 Pant Nagar Ghatkopar (East)
--

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400075
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Telephone no.: 25011261	Mobile no: 918976242060	Email : komalingale54@gmail.com
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DOB: Oct 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: 7283280 (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: 2018016400939764	Eligibility Status: Eligible	Examination form No.: 110240 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHOUDHARY KOMAL LUMBARAM</b>	Mother's Name: RAJESHWARI	Gender: Female
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Name in Vernacular Language: चौधरी कोमल लुम्बारं

Address: 08, DEEP SAGAR APARTMENT, HANUMAN NAGAR, KATEMANIVALI NAKA KALYAN EAST.

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

Telephone no.:	Mobile no: 918454074344	Email : komalpatelk43k@gmail.com
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DOB: Aug 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: 7283208 (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

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



# University of Mumbai, Mumbai

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*Devipriya*

PRN: 2018016400939772	Eligibility Status: Eligible	Examination form No.: 110241 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KODIKKATT DEVIPRIYA BABU</b>	Mother's Name: BINDHU	Gender: Female
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Name in Vernacular Language: कोडिककॉट देविप्रिया बाबू बिंधु

Address: 7/12/23, LINK ROAD, SHRI RAMESHWARI, LAXMI NAGAR, LINE NO 9, GHATKOPAR (EAST), PANTNAGAR,

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

Telephone no.:	Mobile no: 918655796164	Email : krishnapriya.k@somaiya.edu
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DOB: Jul 17, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283362 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper 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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D. Kish

PRN: 2018016400939787	Eligibility Status: Eligible	Examination form No.: 110242 	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 DARSHAN KAMAL</b>	Mother's Name: PANNA	Gender: Male
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Name in Vernacular Language: शहा
----------------------------------

Address: A/203 SAI DARSHAN GARDEN LANE GAMDEVI ROAD SANGHANI ESTATE OFF LBS ROAD GHATKOPAR WEST MUMBAI - 400086
---

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

Telephone no.:	Mobile no: 919653199926	Email : darshanshah6070@gmail.com
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DOB: Oct 12, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014700 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016400939795	Eligibility Status: Eligible	Examination form No.: 110243 	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 MOHAMMED SAMEER ALI MUSTAFA</b>	Mother's Name: JAHEDA KHATUN	Gender: Male
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Name in Vernacular Language: समीर

Address: 5, PATHAK CHAWL HANUMAN NAGAR PRATAP NAGAR ROAD

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

Telephone no.:	Mobile no: 919987044305	Email : ansarisheru123@gmail.com
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DOB: May 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: 7283140 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400939814	Eligibility Status: Eligible	Examination form No.: 110244 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHOIR SAKSHI PRAVIN</b>	Mother's Name: RAJSHRI	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: भोईर साक्षी

Address: room no 2 new dharavikar niwas opp RBI quarters bhandup east

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

Telephone no.:	Mobile no: 919594424962	Email : sakshibhoir502@gmail.com
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DOB: Jul 02, 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: 7283184 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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:		



# 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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*Divek*

PRN: 2018016400939837	Eligibility Status: Eligible	Examination form No.: 110245 	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 VIVEK RAMJI</b>	Mother's Name: SARITA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: यादव विवेक रामजी

Address: ROOM NO 1 DR AMBEDKAR NAGAR NAVPADA VIDHYAVIOHAR ROAD

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

Telephone no.:	Mobile no: 919167465762	Email : vivekramjiyadav143@gmail.com
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DOB: Feb 06, 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: 7283666 (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

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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: 2018016400939845	Eligibility Status: Eligible	Examination form No.: 110246 	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 KAMLESH DAYARAM</b>	Mother's Name: KAUSHALYA	Gender: Male
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Name in Vernacular Language: कमलेश गुप्ता
---

Address: Laxmi chawl Paun pada Kalwa (E) Thane
--

City: Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605
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Telephone no.:	Mobile no: 919769587390	Email : guptakamlesh254@gmail.com
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DOB: Sep 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: 7283270 (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):
-------------------------------

<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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*Bhavna*

PRN: 2018016400939853	Eligibility Status: Eligible	Examination form No.: 110247 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BHENWAL BHAVNA BHARAT</b>	Mother's Name: BEENA	Gender: Female
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Name in Vernacular Language: भैनवाल भावना भारत
--

Address: PMGP COLONY AHILYABAI HOLKAR MARG BLDG NO 13/409 MANKHURD
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043
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Telephone no.:	Mobile no: 919137763497	Email : bhavna4@gmail.com
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DOB: Aug 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: 7283182 (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: 2018016400939861	Eligibility Status: Eligible	Examination form No.: 110248 	Division/Section:	Roll No.:	<i>V.V.Shah</i>
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHAH VIRATI VIRENDRA</b>	Mother's Name: RITA	Gender: Female
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Name in Vernacular Language: शाह विरती वीरेंद्र
---

Address: FLAT NO.401, 4TH FLOOR, SAFALYA CO-OP HSG SOCY LTD DR.AMBEDKAR ROAD, MULUND - WEST
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 918828203018	Email : viratishah07@gmail.com
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DOB: Jan 07, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283558 (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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PRN: 2018016400939876	Eligibility Status: Eligible	Examination form No.: 110249 	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 ANKIT RAMANUJ</b>	Mother's Name: SHARMILA	Gender: Male
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Name in Vernacular Language: ANKIT
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Address: R.NO 3 INDUBAI CHAWL HANUMAN NAGAR BHANDUP WEST P.N ROAD BHANDUP WEST MUMBAI - 400078
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078
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Telephone no.:	Mobile no: 919867690266	Email : ankitsharma1207489@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: 7283745 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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PRN: 2018016400939884	Eligibility Status: Eligible	Examination form No.: 110250 	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 SUNNY BHARAT</b>	Mother's Name: REKHA	Gender: Male
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Name in Vernacular Language: सनी
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Address: mahavir kirana stores bazar peth revdanda
--

City: alibag, Taluka: Alibag, District: Raigad, State: Maharashtra, PIN: 402202
---

Telephone no.: 240072	Mobile no: 917741879747	Email : jainsunny303@gmail.com
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DOB: Dec 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: 7283293 (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)

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*Priyanka S*

PRN: 2018016400939892	Eligibility Status: Eligible	Examination form No.: 110251 	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 PRIYANKA RAMESH</b>	Mother's Name: NEELAM RAMESH SHARMA	Gender: Female
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Name in Vernacular Language: शर्मा प्रियांका रमेश

Address: PESTOM SAGAR, SEVA NAGAR, ROAD NO. 4 CHEMBUR, MUMBAI

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

Telephone no.: Mobile no: 917400211176 Email : PRIYANKA.APPS4@GMAIL.COM

DOB: Feb 03, 2001 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283746 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

### Payment Details:

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

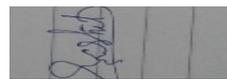
<http://mum.digitaluniversity.ac/>

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: 2018016400939903	Eligibility Status: Eligible	Examination form No.: 110252 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KATUDIYA AKSHIT NILESH</b>	Mother's Name: VEENA	Gender: Male
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Name in Vernacular Language: AKSHIT
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Address: C/303, DEDHIA NIWAS, CHEDHA ROAD DOMBIVILI (EAST) C/303, DEDHIA NIWAS, CHEDHA ROAD DOMBIVILI (EAST) C/303, DEDHIA NIWAS, CHEDHA ROAD DOMBIVILI (EAST)
--

City: DOMBIVILI, Taluka: , District: Thane, State: Maharashtra, PIN: 421201
---

Telephone no.:	Mobile no: 918104497908	Email : akshikatudiya11@gmail.com
----------------	-------------------------	-----------------------------------

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: 7283330 (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
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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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*Kajal*

PRN: 2018016400939926	Eligibility Status: Eligible	Examination form No.: 110253 	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 KAJAL RAJESH</b>	Mother's Name: SAPNABEN	Gender: Female
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Name in Vernacular Language: भानुशाली काजल राजेश सपनाबेन

Address: 04, SAHYADRI CHS NO.4, MILIND NAGAR LINK ROAD, ASALPHA VILLAGE, GHATKOPAR(W)

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

Telephone no.:	Mobile no: 919082790830	Email : bhanushalik81@gmail.com
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DOB: Aug 09, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7290660 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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PRN: 2018016400939934	Eligibility Status: Eligible	Examination form No.: 110254 	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 HARSHIT JAYANTILAL</b>	Mother's Name: VIMLA	Gender: Male
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Name in Vernacular Language: **हर्षित**

Address: 803,teeja deep tower Khima Lane,jambli naka Thane (w)-400601

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

Telephone no.:	Mobile no: 917021937439	Email : harshitbarlota@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: 7283289 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016400939942	Eligibility Status: Eligible	Examination form No.: 110255 	Division/Section:	Roll No.: <i>PKamble</i>
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KAMBLE PAYAL CHANDRAKANT</b>	Mother's Name: SUNITA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: कांबळे पायल चंद्रकांत
--

Address: buid no-32 room no-202 vashinaka mhada colony
--

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

Telephone no.:	Mobile no: 919137882828	Email : palavijaindrawankhade@gmail.com
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DOB: Apr 25, 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: 7014683 (Status: ATKT)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83020	Computer systems and Applications Paper II	Th-UA [ ] ; Th-CA [ ]

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

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

PRN: 2018016400939957	Eligibility Status: Eligible	Examination form No.: 110256 	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 POOJA RAKESH</b>	Mother's Name: SHILPA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: पूजा
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Address: B-204, PATIL HERITAGE SN ROAD, TAMBE NAGAR MULUND (WEST)
---

City: MULUND, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 918291676657	Email : vaibhav31397@gmail.com
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DOB: May 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: 7283551 (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:		



# University of Mumbai, Mumbai

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PRN: 2018016400939965	Eligibility Status: Eligible	Examination form No.: 110257 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BALOTIYA PREMILA PUNARAM</b>	Mother's Name: MANJU	Gender: Female
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Name in Vernacular Language: बालोटिया प्रेमिला पुनाराम
--

Address: 313, 3rd floor, near shell colony road, jai ambe sra CHS, chembur
--

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

Telephone no.:	Mobile no: 918291458064	Email : balotiyapremila2000@gmail.com
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DOB: Oct 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: 7283156 (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
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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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*Saini*

PRN: 2018016400939973	Eligibility Status: Eligible	Examination form No.: 110258 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAINI NAVPREET KAUR MANJEETSINGH</b>	Mother's Name: JASVINDER KAUR	Gender: Female
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Name in Vernacular Language: सैनी नवप्रीत कौर मंजितसिंघ
---

Address: old barrack no.t-32, dr.c.g.road, near national sarvodaya high school
--

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400074
--

Telephone no.:	Mobile no: 919594760866	Email : navpreetkoursaini284@gmail.com
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DOB: Apr 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: 7283522 (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:		



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Singh

PRN: 2018016400939981	Eligibility Status: Eligible	Examination form No.: 110259 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: SINGH JYOTI RAJENDRA	Mother's Name: SUNITA	Gender: Female
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Name in Vernacular Language: ज्योती राजेंद्र सिंग

Address: B-103 vishwakarma society savarkar nagar thane 400604

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

Telephone no.:	Mobile no: 919867549827	Email : jyotirs2242000@gmail.com
----------------	-------------------------	----------------------------------

DOB: Apr 22, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283753 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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: 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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*(Handwritten Signature)*

PRN: 2018016400939996	Eligibility Status: Eligible	Examination form No.: 110260 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VORA JAINISH CHANDRAKANT</b>	Mother's Name: LEKHA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: वीरा जैनीश चंद्रकांत
---

Address: ROOM NO-24 JAMNADAS MENSION LAXMINARAYAN LANE
--

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

Telephone no.: 40032170	Mobile no: 918691895565	Email : jayvora747@gmail.com
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DOB: Mar 20, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283653 (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

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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: 2018016400940013	Eligibility Status: Eligible	Examination form No.: 110262 	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 FARHIN NIZAMUDDIN</b>	Mother's Name: MUMTAZ	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: नाईक फरहीन निजामुद्दीन

Address: near shankar mandir indira gandhi nagar GROUP NO 3 tagore nagar VIKHROLI EAST

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

Telephone no.:	Mobile no: 918108866208	Email : farhinnaik5950@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: 7283426 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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)

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PRN: 2018016400940036	Eligibility Status: Provisional	Examination form No.: 110263 	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 ABHINAY RAKESH</b>	Mother's Name: MALTI	Gender: Male
---	----------------------	--------------

Name in Vernacular Language:hindi
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Address: WARD NO.3 MILKIYANA PASCHIMI PARSADEYPUR ROAD SALON RAEBARELI WARD NO.3 MILKIYANA PASCHIMI PARSADEYPUR ROAD SALON RAEBARELI
--

City: SALON, Taluka: SALON, District: Rae Bareli, State: Uttar Pradesh, PIN: 229127
---

Telephone no.:	Mobile no: 919889730907	Email : abhinayjaiswal706@gmail.com
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DOB: Oct 24, 2002	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283296 (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
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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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*Priya*

PRN: 2018016400940044	Eligibility Status: Eligible	Examination form No.: 110264 	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 PRIYA SHYAMJI</b>	Mother's Name: SUNITA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: गुप्ता प्रिया श्यामजी

Address: ROOM NO. 10, SECOND FLOOR, LOVELY HOUSE-2 SHANTI NAGAR-27

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

Telephone no.:	Mobile no: 917021098576	Email : guptapriya2908@gmail.com
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DOB: Aug 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: 7283272 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

PRN: 2018016400940052	Eligibility Status: Eligible	Examination form No.: 110265 	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 DHRUVI RAMESH</b>	Mother's Name: BHARATI	Gender: Female
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Name in Vernacular Language: ठक्कर धुवी रमेश
--

Address: B-9 DINA BAMA PATIL estate STATION ROAD Dreams Mall
--

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

Telephone no.:	Mobile no: 919136526792	Email : dhruvithakkar3110@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: 7283628 (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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*Dhruti*

PRN: 2018016400940067	Eligibility Status: Eligible	Examination form No.: 110266 	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 DHRUTI RAMESH</b>	Mother's Name: BHARATI	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: ठक्कर धृती रमेश
--

Address: B-9, Dina Bama Patil estate
--------------------------------------

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

Telephone no.:	Mobile no: 918454836104	Email : DHRUTITHAKKAR31@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: 7283627 (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:		



# 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: 2018016400940083	Eligibility Status: Eligible	Examination form No.: 110267 	Division/Section:	Roll No.:
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: <b>PADHIYAR VIMLESH SATISHBHAI</b>	Mother's Name: GEETABEN	Gender: Male
Name in Vernacular Language:Gujarati		
Address: 04/ganraj apartment kishan nagar no-1 thane west		
City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604		
Telephone no.:	Mobile no: 918828268489	Email : vimleshpadhiyar9@gmail.com
DOB: May 25, 2001	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283439 (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	83020	Computer systems and Applications Paper II	Th-UA [ ] ;Th-CA [ ]

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

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

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

**Declaration by Principal/HOD/Chairperson**

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

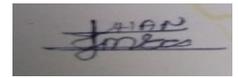
<http://mum.digitaluniversity.ac/>

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: 2018016400940091	Eligibility Status: Eligible	Examination form No.: 110268 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: KHAN IMRAN MOHDASLAM	Mother's Name: MEHARTAJ	Gender: Male
--------------------------------------	-------------------------	--------------

Name in Vernacular Language: इमरान खान
--

Address: A/1 704, VISHWASANTI CHS KARVE NAGAR KANJUR MARG EAST
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400042
--

Telephone no.:	Mobile no: 918655136769	Email : ik361546@gmail.com
----------------	-------------------------	----------------------------

DOB: Oct 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: 7283348 (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: Vidyavihar
	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:		



# University of Mumbai, Mumbai

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

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*Satish*

PRN: 2018016400940102	Eligibility Status: Eligible	Examination form No.: 110269 	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 SIDDHALI JITENDRA</b>	Mother's Name: JAYASHREE	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: पाटील सिद्धाली जितेंद्र

Address: 103 NARAYAN DHURU STREET, 3RD FLOOR, NAGDEVI, MUMBAI 400003

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400003

Telephone no.:	Mobile no: 917977113866	Email : siddhalipatil07@gmail.com
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DOB: Apr 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: 7283481 (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

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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: 2018016400940117	Eligibility Status: Eligible	Examination form No.: 110270 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KOLASE SANGRAM PRATAP</b>	Mother's Name: VANDANA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: संग्राम प्रताप कोळसे
---

Address: Ramgad Nagar Goshala Road Sangam Chwal , Mulund (w) , Mumbai 400080 Ramgad Nagar Goshala Road Sangam Chwal , Mulund (w) , Mumbai 400080
--

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

Telephone no.:	Mobile no: 917045186591	Email : sangramkolase610@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: 7290673 (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>	Place: <b>Vidyavihar</b>
I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Date:
	Student's Signature

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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

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

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PRN: 2018016400940133	Eligibility Status: Provisional	Examination form No.: 110271 	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 NEEL AMIT</b>	Mother's Name: KAJAL	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: નિલ અમિત મહેતા
---

Address: 6, VARDHMAN APPT., TAPOVAN COLONY, PALACE ROAD, JAMNAGAR-361008. Tapovan Colony
--

City: JAMNAGAR, Taluka: Jamnagar, District: Jamnagar, State: Gujarat, PIN: 361008
---

Telephone no.:	Mobile no: 918980236385	Email : SALES@PATELPAK.IN
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DOB: Jan 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: 7283403 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

<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: 2018016400940141	Eligibility Status: Eligible	Examination form No.: 110272 	Division/Section: 2	Roll No.: 185	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>WAGHMARE NATASHA RAVINDRA</b>	Mother's Name: TARA	Gender: Female
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Name in Vernacular Language: वाघमारे नताशा रवींद्र
--

Address: ALH 669 MAGRE CHAAWL SHIV GOPAL DAIRY BEHIND PERFECT TAILOR S.G. BARVE MARG NEHRU NAGAR
--

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

Telephone no.:	Mobile no: 919004112618	Email : natashawaghmare67@gmail.com
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DOB: May 23, 2001	Category: Reserved (ST)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283657 (Status: ATKT)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	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

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



# University of Mumbai, Mumbai

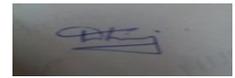
<http://mum.digitaluniversity.ac/>

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

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

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PRN: 2018016400940156	Eligibility Status: Eligible	Examination form No.: 110273 	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 DHIRAJ BYAS</b>	Mother's Name: URMILA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: dhiraj
-------------------------------------

Address: ROOM NO 1381, ASTVINIYAK CHAWL, KRANTI NAGAR, BAIL BAZAR, KURLA WEST
---

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070
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Telephone no.:	Mobile no: 917678058609	Email : byasantrajyadav1@gmail.com
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DOB: Jun 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: 7283663 (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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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: 2018016400940172	Eligibility Status: Eligible	Examination form No.: 110274 	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 SHAHEER MUNIR</b>	Mother's Name: ABIDA	Gender: Male
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Name in Vernacular Language: SHAHEER
--------------------------------------

Address: PARKSITE POLICE CHOWKI ROOM NO.10 BLDG NO.14 PARKSITE COLONY VIKHROLI WEST MUMBAI 400079
---

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400079
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Telephone no.:	Mobile no: 919967676613	Email : khanshaheer156@gmail.com
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DOB: Mar 31, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014618 (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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<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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PRN: 2018016400940187	Eligibility Status: Eligible	Examination form No.: 110275 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAYED FIROZ HAIDER MOHD HAIDER</b>	Mother's Name: NISHAT FATIMA	Gender: Male
---	------------------------------	--------------

Name in Vernacular Language: साईड फिरोझ हैदर मोहद हैदर
--

Address: F 204 RIZVI BAUG CO OP HSG SOC RAILWAY STATION
---

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612
--

Telephone no.:	Mobile no: 919320803395	Email : sayedfirozhaider2222@gmail.com
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DOB: Nov 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: 7283539 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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: 2018016400940195	Eligibility Status: Eligible	Examination form No.: 110276 	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 LALJI</b>	Mother's Name: MANJU	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: पटेल जिनल लालजी

Address: Room No25,Prita Nivas Behind Ambedkar Statue,L N Mandir Road Mohili Village, Sakinaka

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

Telephone no.:	Mobile no: 919082086451	Email : <a href="mailto:twinklepatel4813@gmail.com">twinklepatel4813@gmail.com</a>
----------------	-------------------------	--

DOB: Dec 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: 7283469 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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:		



# University of Mumbai, Mumbai

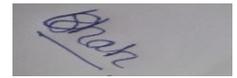
<http://mum.digitaluniversity.ac/>

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: 2018016400940214	Eligibility Status: Provisional	Examination form No.: 110277 	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 URVI HITESH</b>	Mother's Name: CHETANA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: शाह उर्वी हितेश
--

Address: Block no 2, Building no 4/A Madhuban Appartment Plot no 23/2
---

City: Jalgaon, Taluka: Jalgaon, District: Jalgaon, State: Maharashtra, PIN: 425001
--

Telephone no.:	Mobile no: 919823699919	Email : hiteshshah@hotmail.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: 7283556 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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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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*Sanju*

PRN: 2018016400940222	Eligibility Status: Eligible	Examination form No.: 110278 	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 SANJUKUMARI PRABHUNATH</b>	Mother's Name: NIRMALA	Gender: Female
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Name in Vernacular Language: जैसवार संजूकुमारी प्रभुनाथ
---

Address: Near Dharavi Bus Depot, Rajiv Gandhi Nagar Dharavi, Mumbai
---

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400017
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Telephone no.:	Mobile no: 918108664630	Email : sanjupaiswar@gmail.com
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DOB: Sep 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: 7283690 (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)

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: 2018016400940261	Eligibility Status: Provisional	Examination form No.: 110279 	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 NIKHAT SHAMEEM ANWAR</b>	Mother's Name: NAHID	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: शेख निखत शमीम अन्वर

Address: ROOM NO.2, NATHU VITTHAL CHAWL, KURLA ANDHERI ROAD

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

Telephone no.:	Mobile no: 918779297407	Email : shaikhasiya568@gmail.com
----------------	-------------------------	----------------------------------

DOB: Aug 30, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283571 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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: 2018016400940276	Eligibility Status: Eligible	Examination form No.: 110280 	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 PRACHI BHAVESH</b>	Mother's Name: CHHAYA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: BHANUSHALI PRACHI BHAVESH
--

Address: RAMRAJ PANDEY CHAWL 7/23, ASALPHA PIPELINE, NEAR HANUMAN MANDIR, GHATKOPAR WEST, MUMBAI-400084 BARVE NAGAR MUMBAI
--

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

Telephone no.:	Mobile no: 919152397562	Email : prachibhanushali13214@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: 7283178 (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

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



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*(Handwritten signature)*

PRN: 2018016400940292	Eligibility Status: Eligible	Examination form No.: 110281 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

### Student's Personal Information

Student's Name: **THAKKAR PRIYA NARESH** Mother's Name: JAYSHREE Gender: Female

Name in Vernacular Language: ठक्कर प्रिया नरेश

Address: A/402, Sainath Apt, Navghar cross road Near Tata Colony, Mulund East Mumbai-400081

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

Telephone no.: 25632960 Mobile no: 918767788001 Email : priyathakkar21@yahoo.in

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

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283633 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

Mark Statement Fee Total:

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

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

Place: **Vidyavihar**

Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400940303	Eligibility Status: Eligible	Examination form No.: 110282 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GAWADE ANUSHKA ADESH</b>	Mother's Name: ADIKA	Gender: Female
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Name in Vernacular Language: गावडे अनुष्का आदेश
---

Address: 3/8 Bhagwan Bhuvan, Jangal Mangal Road bhandup (W) , mumbai 400078
---

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

Telephone no.: 25952792	Mobile no: 919869341101	Email : anugawade13@gmail.com
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DOB: Jul 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: 7283246 (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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*Dharamshi*

PRN: 2018016400940334	Eligibility Status: Eligible	Examination form No.: 110283 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DHARAMSHI PARTH MUKUL</b>	Mother's Name: JAYA	Gender: Male
--	---------------------	--------------

Name in Vernacular Language: धरमशी

Address: 301, New Anand Bhuvan opposite bharaman vidyalaya Marathi school

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

Telephone no.:	Mobile no: 919664954409	Email : dharamshiparth123@gmail.com
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DOB: Oct 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: 7014646 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/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: 2018016400940342	Eligibility Status: Eligible	Examination form No.: 110284 	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 DISHA SURESH</b>	Mother's Name: JAYA	Gender: Female
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Name in Vernacular Language: शेटी दिशा सुरेश
--

Address: Room no B1 Ramesh sadan Sakinaka
---

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

Telephone no.:	Mobile no: 919987681302	Email : surushetty12@gmail.com
----------------	-------------------------	--------------------------------

DOB: Jan 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: 7283588 (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>
Date:
Student's Signature

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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PRN: 2018016400940357	Eligibility Status: Eligible	Examination form No.: 110285 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>WALUNJ SUMIT DNYANESHWAR</b>	Mother's Name: KANTABAI	Gender: Male
---	-------------------------	--------------

Name in Vernacular Language: वाळुंज सुमित ज्ञानेश्वर
--

Address: azad chawl committee kaju hill , s k dhere marg ghatkopar west
---

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

Telephone no.:	Mobile no: 919702802539	Email : smtwalunj428@gmail.com
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DOB: Oct 20, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283659 (Status: ATKT)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	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

### Declaration by Principal/HOD/Chairperson

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

PRN: 2018016400940365	Eligibility Status: Eligible	Examination form No.: 110286 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KATARIA BHAVIK MAHESH</b>	Mother's Name: PRITI	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: कटारिया भाविक महेश

Address: Room no.324 2/3, Hill no.4, Azadnagar, Near Ganesh Mandir GHATKOPAR(W),Mumbai-400086

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

Telephone no.:	Mobile no: 919220300668	Email : bhavikmkataria@gmail.com
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DOB: Mar 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: 7283328 (Status: Fail)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

<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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*Jill Kotecha*

PRN: 2018016400940373	Eligibility Status: Provisional	Examination form No.: 110287 	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 JILL AJAYKUMAR</b>	Mother's Name: PARUL	Gender: Male
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Name in Vernacular Language: KOTECHA JILL AJAYKUMAR

Address: Vraj E-429 Shastrinagar(Ajmera) Nana Mava Main Road Rajkot, Gujarat 360004

City: Rajkot, Taluka: Rajkot, District: Rajkot, State: Gujarat, PIN: 360004

Telephone no.:	Mobile no: 919427366938	Email : kotechajill@gmail.com
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DOB: Jan 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: 7283364 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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

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



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PRN: 2018016400940381	Eligibility Status: Eligible	Examination form No.: 110288 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SAYYED SANA IFTEKHAR AHMED</b>	Mother's Name: NISHAT	Gender: Female
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Name in Vernacular Language: साईड सना इफतेखार अहमद

Address: 06 GROUND FLOOR, PRIME GALAXY, NEAR ALMAS PARK, KHADAVLI WEST

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 421605

Telephone no.: Mobile no: 918600926579 Email : SANA@gmail.com

DOB: Jan 05, 2001 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283739 (Status: Pass)

Exam form appearance type: Fresher

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

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

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/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: 2018016400940396	Eligibility Status: Eligible	Examination form No.: 110289 	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 HETNI DINESH</b>	Mother's Name: SARITA	Gender: Female
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Name in Vernacular Language: हेतूनी दिनेश shah
--

Address: 1002 tirupati apartment opp oswal park
---

City: mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 919323884543	Email : hetnidshah713@gmail.com
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DOB: Apr 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: 7283546 (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

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

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



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Palak

PRN: 2018016400940407	Eligibility Status: Provisional	Examination form No.: 110290 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: <b>SHAH PALAK CHETAN</b>	Mother's Name: PRABHA	Gender: Female

Name in Vernacular Language: पलक

Address: A/11, Shiv Ganga Vihar CHS, Kopar Road, Dombivli(West) - 421202

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

Telephone no.: Mobile no: 919406118180 Email : pallushah0710@gmail.com

DOB: Aug 05, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Nov-2019 Seat No: 7283550 (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:

**Declaration by Principal/HOD/Chairperson**

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/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: 2018016400940415	Eligibility Status: Provisional	Examination form No.: 110291 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: MAHESHWARI DHRUV FULESH	Mother's Name: REKHA	Gender: Male
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Name in Vernacular Language: મુક્ત
------------------------------------

Address: 92-A LIMBDA VADI LINE, NEAR GARBI CHOCK SANSKAR NAGAR
--

City: Bhuj, Taluka: Bhuj, District: Kachchh, State: Gujarat, PIN: 370001
--

Telephone no.: 245735	Mobile no: 919978827711	Email : madhvmaaheshwari@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: 7283383 (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: Vidyavihar
	Date:

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400940431	Eligibility Status: Eligible	Examination form No.: 110292 	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 JAINEESH PIYUSH</b>	Mother's Name: PRITI	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: जैनेश पियुष जैन

Address: 1920,Karsandas Nanji Bhai Mithaiwale,Main road ,Bazar peth ,chopda,dist-jalgaon 425107 1920,Karsandas Nanji Bhai Mithaiwale,Main road,Bazar peth ,Chopda,dist-jalgaon 425107 1920,Karsandas Nanji Bhai Mithaiwale,Main road,Bazar peth,Chopda,Dist-jalgaon 425107

City: Chopda,Maharashtra, Taluka: Chopada, District: Jalgaon, State: Maharashtra, PIN: 425107

Telephone no.: 220297	Mobile no: 918857997464	Email : jaineshjain999@gmail.com
-----------------------	-------------------------	----------------------------------

DOB: Dec 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014677 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

### Payment Details:

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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



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*Krunal*

PRN: 2018016400940446	Eligibility Status: Eligible	Examination form No.: 110293 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SINGHVI KRUNAL KISHANLAL</b>	Mother's Name: BHAGYAWANTI	Gender: Male
---	----------------------------	--------------

Name in Vernacular Language: सिंघवी कृणाल किशनलाल L

Address: D-412, OM VRUNDAVAN CHS, M.P. ROAD, DOMBIVLI (WEST) D-412, OM VRUNDAVAN CHS, M.P. ROAD, DOMBIVLI (WEST) D-412, OM VRUNDAVAN CHS, M.P. ROAD, DOMBIVLI (WEST)

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

Telephone no.:	Mobile no: 917506196594	Email : KRUNALSINGHVI2001@GMAIL.COM
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DOB: Oct 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: 7283755 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

### Payment Details:

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

Venue Preference (Code/Name):

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

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

Place: **Vidyavihar**

Date:

Student's Signature

### Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2018016400940462	Eligibility Status: Eligible	Examination form No.: 110294 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PADHIYAR NAMRATA JITENDRA</b>	Mother's Name: BHARTI	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: पडियार नमता जीतेन्द्र

Address: ROOM NO, 1, LALJI DEVRAJ PATRA CHAWL, OLD AGRA ROAD NEAR BHABHA HOSPITAL KURLA (W) MUMBAI 400070 ROOM NO, 1, LALJI DEVRAJ PATRA CHAWL, OLD AGRA ROAD NEAR BHABHA HOSPITAL KURLA (W) MUMBAI 400070

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

Telephone no.:	Mobile no: 919768648319	Email : NAMRATAPADHIYAR599@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: 7283438 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

### Payment Details:

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

Venue Preference (Code/Name):

<p><b>To, Director, Board of Examination and Evaluations / The Controller Of Examination,</b></p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<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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PRN: 2018016400940477	Eligibility Status: Eligible	Examination form No.: 110295 	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 NILESH RAMESH</b>	Mother's Name: VARSHA	Gender: Male
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Name in Vernacular Language: भानुशाली निलेश रमेश
--

Address: 11 ESHWAR KRUPA BLD. KOPAR RD. DOMBIVLI WEST
---

City: thane, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202
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Telephone no.:	Mobile no: 919821769586	Email : bhanushalimanju7@gmail.com
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DOB: Mar 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: 7283177 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400940485	Eligibility Status: Eligible	Examination form No.: 110296 	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 JANVI JAGDISH</b>	Mother's Name: MANJULA	Gender: Female
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Name in Vernacular Language: भानुशाली जानवी जगदीश
---

Address: 30'SAI SADAN BLDG NEW AYRE ROAD DOMBIVALI EAST
---

City: DOMBIVALI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
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Telephone no.:	Mobile no: 919076142394	Email : p.yogesh18@rediffmail.com
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DOB: Jul 17, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283173 (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

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



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PRN: 2018016400940493	Eligibility Status: Eligible	Examination form No.: 110297 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: NAIR ANUJ SURESH	Mother's Name: BINCY	Gender: Male
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Name in Vernacular Language: अनूज

Address: 102, TRIMBAK CHAYA CO-OP HSG SOC. LTD. BEHIND MAHILA SAMITI SCHOOL, THAKURLI (E)

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

Telephone no.:	Mobile no: 917039739016	Email : anujnair99@gmail.com
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DOB: Jan 16, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283427 (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

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

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



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A.B. Shukla

PRN: 2018016400940504	Eligibility Status: Provisional	Examination form No.: 110298 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SHUKL AAYUSHI BAKULBHAI</b>	Mother's Name: PARAGNIBEN	Gender: Female
--	---------------------------	----------------

Name in Vernacular Language: शुक्ल आयुषी बकुलभाई

Address: Room No.4 Shanta Bhavan L.B.S. Marg Gangawadi Near Gopal Bhuvan Bus Stop Ghatkopar Mumbai near gopal bhuvan

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

Telephone no.:	Mobile no: 918369947875	Email : jaythakkar5528@gmail.com
----------------	-------------------------	----------------------------------

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: 7283750 (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:

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: 2018016400940512	Eligibility Status: Eligible	Examination form No.: 110299 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>RAVARIA DIVYA BHACHU</b>	Mother's Name: RANI	Gender: Female
---	---------------------	----------------

Name in Vernacular Language:RAVARIA DIVYA BHACHU
--

Address: D/1503,LAXMI NARAYAN RESIDENCY,NEAR UPVAN LAKE,THANE (W) D/1503,LAXMI NARAYAN RESIDENCY,NEAR UPVAN LAKE,THANE (W)
--

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

Telephone no.:	Mobile no: 919892643938	Email : divyaravaria20@gmail.com
----------------	-------------------------	----------------------------------

DOB: May 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: 7283513 (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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*Rajendra*

PRN: 2018016400940527	Eligibility Status: Eligible	Examination form No.: 110300 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THORAT BHAVESH RAJENDRA</b>	Mother's Name: KAVITA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: थोरत भावेश राजेंद्र कविता

Address: HIRAWANI CHAWL, SAINATH NAGAR ROAD GANESH MAIDAN

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

Telephone no.:	Mobile no: 918879747342	Email : thoratbhavesh2210@gmail.com
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DOB: Oct 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: 7283637 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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	

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



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Vikas

PRN: 2018016400940535	Eligibility Status: Eligible	Examination form No.: 110301 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: TELI VIKAS BABULAL	Mother's Name: MANJU	Gender: Male
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Name in Vernacular Language: विकास बाबुलाल तेली

Address: b16 kvira co op hsg society , datta mandir road , bhandup west

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

Telephone no.:	Mobile no: 919920242263	Email : laxmiteli2512@gmail.com
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DOB: Jun 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: 7283621 (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:		



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*STEVEN*

PRN: 2018016400940543	Eligibility Status: Eligible	Examination form No.: 110302 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DAS STEVEN TONY</b>	Mother's Name: LUSI	Gender: Male
--	---------------------	--------------

Name in Vernacular Language: हिंदी
------------------------------------

Address: ROOM NO 11 MOTIBAI WADI STATION ROAD BHANDUP WEST BHANDUP
--

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

Telephone no.:	Mobile no: 918104032348	Email : VIGNESH.MUDALIYAR9.VM@GMAIL.COM
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DOB: Aug 06, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014669 (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:		





# 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: 2018016400940566	Eligibility Status: Provisional	Examination form No.: 110304 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MAHATO RAJU PRASAD MAHENDRA PRASAD</b>	Mother's Name: MANISHA	Gender: Male
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Name in Vernacular Language: महातो राजु प्रसाद महेन्द्र प्रसाद
--

Address: Shree sai chawl no.4,room no.1, Anand nagar,datiwali road,diva(e),thane
--

City: Diva, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612
---

Telephone no.:	Mobile no: 919029189681	Email : durgeshprasad02@gmail.com
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DOB: May 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: 7283382 (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

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



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Jinal

PRN: 2018016400940574	Eligibility Status: Eligible	Examination form No.: 110305 	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 JINAL SHANKARLAL</b>	Mother's Name: JAYSHREE	Gender: Female
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Name in Vernacular Language: भानुशाली जिनल शंकरलाल जयश्री
---

Address: 204, MANJULA SMURTI, G. GUPTA ROAD, DOMBIVALI(W)
---

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 421202
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Telephone no.:	Mobile no: 918169080684	Email : vaishalibhanushali1997@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: 7283175 (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:		



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D.V. Chorge

PRN: 2018016400940597	Eligibility Status: Eligible	Examination form No.: 110306 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHORGE DHANASHREE VITTHAL</b>	Mother's Name: UMA	Gender: Female
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Name in Vernacular Language: चोरगे धनश्री विठ्ठल

Address: Opp. Om Amay Apartment 4/9, Satya Vijay Society Kranti Nagar Bhandup Gaon Bhandup (East)

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

Telephone no.:	Mobile no: 919076022725	Email : Omkarchorge83@gmail.com
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DOB: Sep 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: 7283205 (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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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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Shivshankar

PRN: 2018016400940601	Eligibility Status: Eligible	Examination form No.: 110307 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATWA SHIVSHANKAR SANTOSHKUMAR</b>	Mother's Name: RADHA	Gender: Male
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Name in Vernacular Language: पटवा शिवशंकर संतोषकुमार राधा

Address: 87/2 ALTAF NAGAR , GOLIBAR RD NEAR NAZRANA BAKERY GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919773822827	Email : shivshankarpatwa2908@gmail.com
----------------	-------------------------	--

DOB: Feb 24, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283483 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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:		



# 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: 2018016400940624	Eligibility Status: Eligible	Examination form No.: 110308 	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 TULSI MUKESH</b>	Mother's Name: LATA	Gender: Female
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Name in Vernacular Language:HINDI
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Address: TGA 84 1/1 Collector Chawl Dargah Road
---

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

Telephone no.:	Mobile no: 919819876330	Email : tulsisharma2806@gmail.com
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DOB: Jun 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: 7283582 (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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B.Com.(with Credits)-Regular-Rev16-T.Y. B.Com.-Sem VI [2C00146]

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PRN: 2018016400940632	Eligibility Status: Eligible	Examination form No.: 110309 	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 AKSHATA ANIL</b>	Mother's Name: REKHA MARU	Gender: Female
--	---------------------------	----------------

Name in Vernacular Language: मारू अक्षता अनील

Address: ROOM NO.23, LOKMANYA NAGAR BEHIND LIONS GARDEN, L.B.S MARG KURLA WEST

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

Telephone no.:	Mobile no: 919167726949	Email : AKSHATAMARU08@GMAIL.COM
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DOB: Dec 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283397 (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

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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: 2018016400940647	Eligibility Status: Eligible	Examination form No.: 110310 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: KHAN RUQAIYYA JAVED	Mother's Name: AZMATUNNISA	Gender: Female
-------------------------------------	----------------------------	----------------

Name in Vernacular Language: खान रुक़ाईय्या जावेद
---

Address: Plot No. 14/E/3, Road No. 2 and 3 Shivaji Nagar Govandi
--

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043
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Telephone no.:	Mobile no: 918879068216	Email : ka221684@gmail.com
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DOB: Jul 23, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283350 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016400940655	Eligibility Status: Eligible	Examination form No.: 110311 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>VAISHNAV VIJAYANAND BHOPALDAS</b>	Mother's Name: PANKHU	Gender: Male
Name in Vernacular Language: VAISHNAV VIJAYANAND BHOPALDAS		
Address: ROOM NO 602 MILAN C.H.S J.B MARG VASHI NAKA CHEMBUR MUMBAI 400074		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400074		
Telephone no.:	Mobile no: 918652322369	Email : vaishnavvijayanand143@gmail.com
DOB: Apr 26, 2001	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283646 (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	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):

<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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*Ayeshca*

PRN: 2018016400940663	Eligibility Status: Eligible	Examination form No.: 110312 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHAUDHARY AIYSH KHATOON SAEEDULLAH</b>	Mother's Name: WAHIDUNNISA	Gender: Female
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Name in Vernacular Language: चौधरी ऐश खतून सईदुल्लाह
--

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

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

Telephone no.:	Mobile no: 918425025198	Email : aiyshchaudhary1@gmail.com
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DOB: Jun 02, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283189 (Status: Fail)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016400940671	Eligibility Status: Eligible	Examination form No.: 110313 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SALUNKHE PRANALI SACHIN</b>	Mother's Name: SUPRIYA	Gender: Female
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Name in Vernacular Language: साळुंखे प्रणाली सचिन
---

Address: NEAR 34/E, RATIONING SHOP, ROOM NO.1/1 SAKPAL CHAWL, DATTATRAY NAGAR, GOLIBAR ROAD GHATKOPAR WEST
--

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

Telephone no.:	Mobile no: 918652246838	Email : pranalisalunkhe201818@gmail.com
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DOB: Jan 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: 7283525 (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
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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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*Ashel*

PRN: 2018016400940686	Eligibility Status: Eligible	Examination form No.: 110314 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>ABHALE ADITI AJIT</b>	Mother's Name: ANKITA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: आभाळे अदिती अजित

Address: Bldg no 24, Room no. 656, Mamta CHS S.G Barve marg Nehru Nagar, Kurla (East)

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

Telephone no.:	Mobile no: 919619186011	Email : aditiabhale@gmail.com
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DOB: Feb 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: 7283135 (Status: Pass)
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Exam form appearance type: Fresher

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

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

PRN: 2018016400940694	Eligibility Status: Eligible	Examination form No.: 110315 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GOSAVI OMKAR NARENDRA</b>	Mother's Name: NEHA	Gender: Male
--	---------------------	--------------

Name in Vernacular Language: ओंकार
------------------------------------

Address: PLOT NO 26/C/6 BAIGANWADI GOVANDI
--

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

Telephone no.:	Mobile no: 919136749865	Email : gosaviomkar17092000@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: 7283262 (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

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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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*Viraj*

PRN: 2018016400940705	Eligibility Status: Eligible	Examination form No.: 110316 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>KAMATKAR VIRAJ VIJAY</b>	Mother's Name: VAISHALI	Gender: Male
---	-------------------------	--------------

Name in Vernacular Language: कामतकर विराज विजय

Address: JN3/33/Room no. 4, Panchsheel Society Sector-9, Vashi

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

Telephone no.:	Mobile no: 919773081675	Email : virajkamatkar20@gmail.com
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DOB: Jun 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: 7283315 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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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: 2018016400940713	Eligibility Status: Eligible	Examination form No.: 110317 	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 RAUNAK MOHAMMED HARISH</b>	Mother's Name: SHEHNAZ	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: अन्सारी रौनक हरीश

Address: QAZI CHAWL, ROOM NO -30, KAJUPADA - PIPELINE

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

Telephone no.:	Mobile no: 918652875241	Email : ANSARIRAUNAK22@GMAIL.COM
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DOB: Jun 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: 7283143 (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

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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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Aman

PRN: 2018016400940721	Eligibility Status: Eligible	Examination form No.: 110318 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: PAL AMAN RAJENDRA	Mother's Name: MADHURI	Gender: Male
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Name in Vernacular Language: AMAN
-----------------------------------

Address: MS RB2, BUILDING NO. 35, ROOM NO.11 BEHIND RAILWAY RESERVATION CENTRE, MULUND EAST, MUMBAI 400081
--

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400081
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Telephone no.:	Mobile no: 919699232575	Email : amanpal297@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: 7283441 (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)

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PRN: 2018016400940736	Eligibility Status: Eligible	Examination form No.: 110319 	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 MUHAMMAD RAZA MOHD AKHTAR</b>	Mother's Name: TARABUNISSA	Gender: Male
---	----------------------------	--------------

Name in Vernacular Language: अंसारी मुहम्मद राजा मोहद अख्तर
---

Address: HILL NO 5 SUDHAR SEVA SOCIETY AZAD NAGAR GHATKOPAR WEST
--

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

Telephone no.:	Mobile no: 918286549039	Email : ABDULQUADIR828@GMAIL.COM
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DOB: Jan 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: 7283142 (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:

### Declaration by Principal/HOD/Chairperson

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

PRN: 2018016400940744	Eligibility Status: Eligible	Examination form No.: 110320 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MUJAWAR TASMIYA SIKANDAR</b>	Mother's Name: RIZWANA	Gender: Female
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Name in Vernacular Language: मुजावर तसमिया सिकंदर

Address: ROOM NO 5, CHAWL NO 2, YASHWANT COLONY, GANESH MARG, HARIYALI VILLAGE, VIKHROLI EAST,

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

Telephone no.:	Mobile no: 918850194243	Email : tasmiyamujawar07@gmail.com
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DOB: Apr 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: 7283423 (Status: Fail)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

**To, 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: 2018016400940752	Eligibility Status: Provisional	Examination form No.: 110321 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>THANAWALA JUZAR JOHER</b>	Mother's Name: FARIDA THANAWALA	Gender: Male
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Name in Vernacular Language: जुझर जोहर ठाणावाला

Address: B/704, Savoy, Raheja gardens, Thane (W) B/704, Savoy, Raheja gardens, Thane (W) B/704, Savoy, Raheja gardens, Thane (W)

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

Telephone no.: 25806867	Mobile no: 918169451565	Email : juzarthanawala.jt@gmail.com
-------------------------	-------------------------	-------------------------------------

DOB: Feb 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: 7283636 (Status: Pass)
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Exam form appearance type: Fresher

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

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

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

### Payment Details:

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400940767	Eligibility Status: Eligible	Examination form No.: 110322 	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 FIZA SHAHID</b>	Mother's Name: SALMA	Gender: Female
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Name in Vernacular Language: खान फिजा शाहिद

Address: BLOCK NO 11 KAUSAR MANZIL 160 K BAIL BAZAR ROAD NEAR SHEETAL CINEMA KURLA WEST

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

Telephone no.:	Mobile no: 919930533636	Email : shazyakhan272@gmail.com
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DOB: Oct 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283346 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper 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: 2018016400940775	Eligibility Status: Provisional	Examination form No.: 110323 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

### Student's Personal Information

Student's Name: <b>GOSWAMI ADITYA PRAKASH</b>	Mother's Name: RUBY	Gender: Male
Name in Vernacular Language: आदित्य		
Address: FLAT NO. 3, NAV-ASHADEEP APT. BRAHMIN SOCIETY, SYNDICATE kalyan west		
City: kalyan, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421301		
Telephone no.:	Mobile no: 918291643599	Email : goswami_aditya28@yahoo.com
DOB: Mar 28, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283263 (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):

<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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*Ragini*

PRN: 2018016400940817	Eligibility Status: Eligible	Examination form No.: 110324 	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 RAGINI MAHESH</b>	Mother's Name: MUNNI	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: जैस्वाल रागिणी महेश

Address: ROOM NO 02, JIVDANI CHAWL RAMNAGAR T.P BHANDUP WEST

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

Telephone no.:	Mobile no: 918692092571	Email : jaiswalragini696@gmail.com
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DOB: Jun 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283297 (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

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



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*Pratik G*

PRN: 2018016400940825	Eligibility Status: Eligible	Examination form No.: 110325 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GANGURDE PRATIK PRABHAKAR</b>	Mother's Name: SANGEETA	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: Pratik Gangurde
--

Address: EKVIRA APPT FLAT NO 204 2ND FLOOR KOPRI GAON THANE EAST
--

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400603
--

Telephone no.:	Mobile no: 917710907879	Email : pratikgangurde2412@gmail.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: 7283245 (Status: ATKT)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	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

### 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: 2018016400940841	Eligibility Status: Eligible	Examination form No.: 110326 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>NAKRANI VEDANSH VIREN</b>	Mother's Name: JYOTI	Gender: Male
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Name in Vernacular Language: वेदांस नाकरानी

Address: A/401 purnima building 60 feet road Ghatkopar east

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

Telephone no.:	Mobile no: 919987488333	Email : vedansh.nakrani@gmail.com
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DOB: Apr 08, 2000	Category: Open	Physically Handicap: Learning Disability, Speech and/or Hearing Impaired
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283428 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



# University of Mumbai, Mumbai

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*Signature*

PRN: 2018016400940872	Eligibility Status: Eligible	Examination form No.: 110327 	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 FATIMA JAMALUDDIN</b>	Mother's Name: MEHRAJUNNISA	Gender: Female
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Name in Vernacular Language: <b>खान फतिमा जमालुद्दीन</b>
--

Address: <b>alshams appt 2nd floor room no 201 near kartika high school kurla w mumbai 400070</b>
---

City: <b>MUMBAI, Taluka: , District: Mumbai Suburban, State: Maharashtra, PIN: 400070</b>
---

Telephone no.:	Mobile no: <b>918433539409</b>	Email : <b>fatimanizami32@gmail.com</b>
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DOB: <b>Jun 13, 2001</b>	Category: <b>Open</b>	Physically Handicap: <b>No</b>
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Previous Latest Examination Details: <b>Sem III(Regular-Rev16)</b>	Exam Event: <b>Nov-2019</b>	Seat No: <b>7283345 (Status: ATKT)</b>
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Exam form appearance type: <b>Fresher</b>
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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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*Preksha D B*

PRN: 2018016400940887	Eligibility Status: Eligible	Examination form No.: 110328 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BADALA PREKSHA DINESH</b>	Mother's Name: SUNITA	Gender: Female
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Name in Vernacular Language: Marwadi
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Address: 12, rambha building Khokhani lane Ghatkopar east
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City: Mumbai, Taluka: , District: Mumbai City, State: Maharashtra, PIN: 400077
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Telephone no.:	Mobile no: 919892034516	Email : saurabh9524@gmail.com
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DOB: Dec 12, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283151 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016400940895	Eligibility Status: Eligible	Examination form No.: 110329 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DHIRAJ PURSHOTTAM JOSHI</b>	Mother's Name: DURGA	Gender: Male
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Name in Vernacular Language: धीरज पुर्षोत्तम जोशी
---

Address: 873 4/6 HANUMAN DARSHAN HSG SOC PARKSITE VIKHROLI WEST
---

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079
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Telephone no.:	Mobile no: 919702732215	Email : joshidhiraj26@gmail.com
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DOB: Dec 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283304 (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
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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: 2018016400940922	Eligibility Status: Eligible	Examination form No.: 110330 	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 NASIYA ANWARULHAQUE</b>	Mother's Name: NUZRAT	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: शेख नसीया अन्वारूलहक्क

Address: Plot no 38-F-5, road no.05 Shivaji nagar govandi

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

Telephone no.:	Mobile no: 918976538792	Email : sknasiya789@gmail.com
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DOB: Apr 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: 7283570 (Status: ATKT)
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Exam form appearance type: Fresher

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

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

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

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

Venue Preference (Code/Name):

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

### Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016401005185	Eligibility Status: Eligible	Examination form No.: 110331 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>PATHAK SHIVAM SANJEEV</b>	Mother's Name: NEELAM	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: पाठक शिवम संजीव

Address: RAJNIWAS CHAWL NO. 02, ROOM NO. 12, N.S.S. ROAD, ASALPHA VILLAGE, GHATKOPAR WEST, MUMBAI

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

Telephone no.:	Mobile no: 917208337436	Email : JAYMALAPATHAK02@GMAIL.COM
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DOB: May 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283480 (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

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



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*Devendra*

PRN: 2018016401079473	Eligibility Status: Eligible	Examination form No.: 110332 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DESHPANDE DEVENDRA DURGESH</b>	Mother's Name: SHRADDHA	Gender: Male
---	-------------------------	--------------

Name in Vernacular Language: Devendra
---------------------------------------

Address: 603, E23, Mhada colony, powai 603, E23, Mhada colony, powai
--

City: Mumbai, Taluka: Andheri, District: Mumbai Suburban, State: Maharashtra, PIN: 400076
---

Telephone no.:	Mobile no: 917506924088	Email : devendradeshpande107@gmail.com
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DOB: Sep 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283222 (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:		



# 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: 2018016401137547	Eligibility Status: Eligible	Examination form No.: 110333 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>CHORASIA POOJA SARJUPRASAD</b>	Mother's Name: SONADEVI	Gender: Female
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Name in Vernacular Language: चोरसीअ पूजा सरजूप्रसाद

Address: MAHAVIR PARK PLOT NO 98, ROOM NO A/1, GARODIA NAGAR GHATKOPAR EAST

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

Telephone no.: 21021149	Mobile no: 918369599385	Email : CHOURASIYAPOOJA22@EMAIL.COM
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DOB: Aug 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: 7283204 (Status: Pass)
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Exam form appearance type: Fresher

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

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

PRN: 2018016401417724	Eligibility Status: Provisional	Examination form No.: 110334 	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 KASHMIRA SHEKHAR</b>	Mother's Name: SHIVANI	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: शिंदे काश्मीर शेखर
---

Address: 9A/403, ASHOK NAGAR, DADLANI PARK, BALKUM NAKA, THANE WEST
---

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

Telephone no.:	Mobile no: 918850716014	Email : kashshinde19@gmail.com
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DOB: Oct 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283748 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

### Declaration by Principal/HOD/Chairperson

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



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*Jigar Furia*

PRN: 2018016401417732	Eligibility Status: Eligible	Examination form No.: 110335 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>FURIA JIGAR MUKESH</b>	Mother's Name: BINA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: फुरिया जीगर मुकेश

Address: A-41/42 SHRENIK NAGAR CHS AMRUT NAGAR, GHATKOPAR WEST

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

Telephone no.: 25006970	Mobile no: 919821013500	Email : jigar.furia23@gmail.com
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DOB: May 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: 7283239 (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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V. M. Indore

PRN: 2018016401417747	Eligibility Status: Eligible	Examination form No.: 110336 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>INDORE VIJAY MOHAN</b>	Mother's Name: SANGITA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: इंदोरे विजय मोहन
---

Address: D-11/6, S G Barvenagar, Municipal Colony, Bhatwadi, Ghatkopar W
--

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

Telephone no.:	Mobile no: 919757147244	Email : indorevijay328@gmail.com
----------------	-------------------------	----------------------------------

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: 7283279 (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

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



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*Handwritten signature*

PRN: 2018016401417755	Eligibility Status: Eligible	Examination form No.: 110337 	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 FAIZAN BAHADUR</b>	Mother's Name: AFROZA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: खान फैज़ान बहादूर
--

Address: ROOM NO 5, SAIDA BI CHAWL, HANUMAN NAGAR, ROAD NO 1, PARK SITE, VIKHROLI (W),
--

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

Telephone no.:	Mobile no: 917303179616	Email : khanfaizankhan@gmail.com
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DOB: Mar 13, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283343 (Status: ATKT)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

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



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N. S. Mankar

PRN: 2018016401417771	Eligibility Status: Eligible	Examination form No.: 110338 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MANKAR NEHA SANJAY</b>	Mother's Name: BHAGYASHREE	Gender: Female
---	----------------------------	----------------

Name in Vernacular Language: मानकर नेहा संजय
--

Address: A -128/9 sarweshwar mandir road Khari lane Kurla (w) , mumbai
--

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

Telephone no.:	Mobile no: 918454916999	Email : nehamankar862000@gmail.com
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DOB: Jun 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: 7283395 (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

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



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PRN: 2018016401417794	Eligibility Status: Eligible	Examination form No.: 110339 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>GALIYAL HRITIK GULAB</b>	Mother's Name: VIMAL	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: गालियाळ ह्रितिक गुलाब
--

Address: SHANKAR DEVAL BEHIND DENA BANK MAHUL ROAD
--

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

Telephone no.:	Mobile no: 919769390922	Email : hritikgaliyal88990@gmail.com
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DOB: Oct 18, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem I(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7014673 (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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### 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: 2018016401551962	Eligibility Status: Eligible	Examination form No.: 110340 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BADAD RIDDHESH SANDEEP</b>	Mother's Name: SHITAL	Gender: Male
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Name in Vernacular Language: बडड रिद्धेश संदीप
--

Address: NEAR SAIDHAM MANDIR SALPADEVI SADAN ROOM NO 55 PK ROAD
---

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

Telephone no.:	Mobile no: 919167693569	Email : RIDDESHBADAD99@GMAIL.COM
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DOB: Jan 10, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7292642 (Status: ATKT)
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Exam form appearance type: Fresher
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<b>Paper Details:</b> Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )
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SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
3	83013	Business Economics VI	Th-UA [ ]
4	83014	Commerce VI	Th-UA [ ]
5	83015	Direct and Indirect Taxation Paper II	Th-CA [ ]
6	83016	Export Marketing Paper II	Th-CA [ ]

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

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

### Declaration by Principal/HOD/Chairperson

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



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*Siddhant Singh*

PRN: 2018016401629704	Eligibility Status: Eligible	Examination form No.: 110341 	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 SIDDHANT PAHWARI</b>	Mother's Name: CHINTADEVI	Gender: Male
---	---------------------------	--------------

Name in Vernacular Language: सिंह सिद्धांत पवहारी

Address: ROOM NO 3 SIDDHIVINAYAK CHAWL SHIV SHAKTI NAGAR SAKI VIHAR ROAD NEAR SOALRIS LT GATE N 6 ROOM NO 3 SIDDHIVINAYAK CHAWL SHIV SHAKTI NAGAR SAKI VIHAR ROAD NEAR SOALRIS LT GATE N 6 ROOM NO 3 SIDDHIVINAYAK CHAWL SHIV SHAKTI NAGAR SAKI VIHAR ROAD NEAR SOALRIS LT GATE N 6

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

Telephone no.: 022	Mobile no: 918454965269	Email : SINGHSIDHANT26@GAMIL.COM
--------------------	-------------------------	----------------------------------

DOB: Mar 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: 7283612 (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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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: 2018016401629743	Eligibility Status: Eligible	Examination form No.: 110342 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>MITHARE AJINKYA MANOJ</b>	Mother's Name: JAYSHREE	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: मिठारे अजिंक्य मनोज

Address: ASHIRWAD GENERAL STORES INDIRA NAGAR NAKA WAGLE ESTATE THANE

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

Telephone no.:	Mobile no: 919869984707	Email : AJINKYAMITHARE12@GMAIL.COM
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DOB: Jun 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: 7283412 (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:		



# University of Mumbai, Mumbai

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PRN: 2018016401721613	Eligibility Status: Provisional	Examination form No.: 110343 	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 ARBAAZ ABDUL GAFFAR</b>	Mother's Name: RUKSANA	Gender: Male
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Name in Vernacular Language: शेख अरबाज अब्दुल गफ्फार
--

Address: MAULANA COMPOUND KANTA BAI CHAWL , LBS MARG ROOM NO 1 , GAODEVI ROAD
---

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

Telephone no.:	Mobile no: 917666640100	Email : AYYUKHSUFI2381@GMAIL.COM
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DOB: Dec 01, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7273922 (Status: Pass)
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Exam form appearance type: Fresher
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### Paper Details: Please select Paper details which you want to appear ( UA - University Assessment, CA - College Assessment )

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

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

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

Student's Signature

### Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016401800572	Eligibility Status: Eligible	Examination form No.: 110344 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>BIJAL PRAVIN RATHOD</b>	Mother's Name: HEENA	Gender: Female
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Name in Vernacular Language: बिजल प्रविण राठोड

Address: 561 INDRAYANI SOC PARKSITE VIKHROLI WEST

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

Telephone no.:	Mobile no: 919152866468	Email : bijalrathod005@gmail.com
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DOB: May 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: 7283507 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	83001	Financial Accounting and Auditing IX - Financial Accounting	Th-UA [ ]
2	83007	Financial Accounting and Auditing X - Cost Accounting	Th-UA [ ]
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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V.S. Waghule

PRN: 2018016401890271	Eligibility Status: Eligible	Examination form No.: 110345 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>WAGHULE VANSHIKA SANJAY SUNITA</b>	Mother's Name: SUNITA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: वाघुले वंशिका संजय

Address: B-204 RAJDARSHAN SOCIETY DADA PATIL WADI MARG NAUPADA THANE WEST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400602

Telephone no.:	Mobile no: 918451928612	Email : VANSHIKAWAGHULE12@GMAIL.COM
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DOB: Apr 15, 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: 7283658 (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: 2018016402115416	Eligibility Status: Eligible	Examination form No.: 110346 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>SIDHPURWALA ALI ASGAR ZULIFIKAR</b>	Mother's Name: RIZWANA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: SIDHPURWALA ALI ASGAR ZULIFIKAR
--

Address: 19, 3rd floor, vikram building above jain electronics, Kurla (west)
--

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

Telephone no.:	Mobile no: 919987438633	Email : alisid78672@gmail.com
----------------	-------------------------	-------------------------------

DOB: Mar 30, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283751 (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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PRN: 2018016402222425	Eligibility Status: Eligible	Examination form No.: 110347 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: MD AFAQUE SHAIKH ABDUL SABIR	Mother's Name: ATIYA KHATOON	Gender: Male
--	------------------------------	--------------

Name in Vernacular Language: मद आफक शैख अब्दुल साबिर
--

Address: near madina masjid a/7 room no 4 park site colony vikhroli west
--

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

Telephone no.:	Mobile no: 919820397894	Email : shaikhboy99@gmail.com
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DOB: Aug 27, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7283565 (Status: Fail)
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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: Vidyavihar
	Date:
Student's Signature	

### Declaration by Principal/HOD/Chairperson

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



# University of Mumbai, Mumbai

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PRN: 2018016402570924	Eligibility Status: Eligible	Examination form No.: 110348 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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### Student's Personal Information

Student's Name: <b>DODHIYA KOMAL RAJENDRA</b>	Mother's Name: RITA	Gender: Female
---	---------------------	----------------

Name in Vernacular Language: दोंढिया कोमल राजेंद्र

Address: 503,GULMOHAR COOPERATIVE SOCIETY ANJURPHATA, BHIWANDI

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

Telephone no.:	Mobile no: 919766662774	Email : pooja.dodhiya84@gmail.com
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DOB: Aug 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Mar-2020	Seat No: 1565023 (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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PRN: 2019016402288606	Eligibility Status: Eligible	Examination form No.: 110349 	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 GIRISH</b>	Mother's Name: SHEETAL	Gender: Male
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Name in Vernacular Language: भानुशाली राज गिरीश
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Address: ROOM NO: 7, DAGDBAI GODSE CHAWL PARSADI GHATKOPAR (WEST)
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City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 919769670955	Email : rajgori20001@gmail.com
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DOB: Apr 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Nov-2019	Seat No: 7290661 (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:		