



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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN:

2016016400551066

Eligibility Status:

Eligible

Examination form No.:

095127



Division/Section:

B

Roll No.:

95

Kar

Instruction Medium:

Nationality:

India

Student's Personal Information

Student's Name: **KARANJKAR SAMRUDDHI GANPAT**

Mother's Name: SANDHYA

Gender: Female

Name in Vernacular Language: करंजकर समृद्धी गणपत

Address: E-4, MODEL COLONY, POKHRAN ROAD NO. 1, SHASTRI NAGAR, THANE WEST

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

Telephone no.:

Mobile no: 918433782737

Email : karanjkarsamruddhi@gmail.com

DOB: Sep 14, 1998

Category: Reserved (NT-1 (NT-B))

Physically Handicap: No

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

Exam Event: Apr-2019

Seat No: 0668730 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee

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, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

Place:

Date:

College Staff Signature

Seal and Signature of Principal/HOD/Chairperson



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

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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2016016400551171	Eligibility Status: Eligible	Examination form No.: 095128 	Division/Section: B	Roll No.: 135	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KASAR AAKASH SANDEEP	Mother's Name: SMITA	Gender: Male
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Name in Vernacular Language: KASAR AAKASH SANDEEP

Address: 183,SARAF BAZAR BALAJI PETH JALGAON
--

City: JALGAON, Taluka: Jalgaon, District: Jalgaon, State: Maharashtra, PIN: 425001
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Telephone no.: 2229015	Mobile no: 919403833455	Email : Aakashkasar37ak@gmail.com
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DOB: Jul 03, 1998	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 2016016400551171 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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Priyanka

PRN: 2017016400400694	Eligibility Status: Eligible	Examination form No.: 095129 	Division/Section: B	Roll No.: 76
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AALLU PRIYANKA RAGHUNATH	Mother's Name: SUSHMA	Gender: Female
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Name in Vernacular Language: अल्लू प्रियांका रघुनाथ

Address: ROOM NO-3, NANIBAI ABDUL AZIZ CHAWL, LBS MARG KURLA WEST

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

Telephone no.:	Mobile no: 918692979691	Email : PRIYANKAAALLU08@GMAIL.COM
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DOB: Mar 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668713 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

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



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Priya

PRN: 2017016400669236	Eligibility Status: Eligible	Examination form No.: 095130 	Division/Section: B	Roll No.: 132
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: WANKHEDE PRIYA VILAS	Mother's Name: VANDANA	Gender: Female
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Name in Vernacular Language: प्रिया विलास वानखेडे

Address: B 41 ROOM NO. 15 KOHINOOR SOCIETY SECTOR 8 SANPADA NAVI MUMBAI

City: Navi mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400705

Telephone no.:	Mobile no: 919930227135	Email : vilas156@gmail.com
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DOB: Apr 08, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668763 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

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

Venue Preference (Code/Name):

To, 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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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Amitchand

PRN: 2017016400669283	Eligibility Status: Eligible	Examination form No.: 095131 	Division/Section: B	Roll No.: 130
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKUR AMITCHAND PRAKASHCHAND	Mother's Name: DEEPA	Gender: Male
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Name in Vernacular Language: अमितचंद

Address: SANJOG C.H.S, FLAT NO B-8, PLOT NO 2, SECTOR 9A, VASHI, NAVI MUMBAI.

City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703

Telephone no.: Mobile no: 919930880460 Email : AMITCHANDTHAKUR99@GMAIL.COM

DOB: Dec 13, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668762 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee 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, The Controller of Examination,

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

Place: **Vidyavihar**
Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Palve

PRN: 2017016400670085	Eligibility Status: Eligible	Examination form No.: 095132 	Division/Section: B	Roll No.: 106
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PALVE YUKTA SUDHAKAR	Mother's Name: MANISHA	Gender: Female
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Name in Vernacular Language: पालवे युक्ता सुधाकर

Address: FLAT NO-B-16, SUYOG APARTMENT PLOT NO-53/B, SECTOR-12/B KOPAR KHAIRNE

City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400709

Telephone no.:	Mobile no: 919702872284	Email : yuktapalve@gmail.com
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DOB: Apr 06, 1999	Category: Reserved (NT-3 (NT-D))	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668742 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and 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, 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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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016400845116	Eligibility Status: Provisional	Examination form No.: 095133 	Division/Section: B	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: DUBRIYA JAY NAMJI	Mother's Name: MUKTABEN	Gender: Male
Name in Vernacular Language: DUBRIYA JAY NANJI		
Address: 27/7,MAHAVIR KUTIR, GARODIA NAGAR, GHATKOPAR(EAST)		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077		
Telephone no.:	Mobile no: 919029315495	Email : JAYDUBRIYA01@GMAIL.COM
DOB: May 07, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 910098 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee	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):

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	<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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Nitesh

PRN: 2017016400852213	Eligibility Status: Provisional	Examination form No.: 095134 	Division/Section: C	Roll No.: 158
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BIYANI NITESH RAJGOPAL	Mother's Name: JYOTI	Gender: Male
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Name in Vernacular Language: बियाणी नितेश राजगोपाल

Address: Sai bungalow, behind tata petrol pump Saraswatinagar Sangli

City: Sangli, Taluka: Miraj, District: Sangli, State: Maharashtra, PIN: 416416

Telephone no.:	Mobile no: 919028663555	Email : niteshbiyani07@gmail.com
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DOB: Mar 09, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: HSC(Science)	Year: 2017	Seat No: 4652444
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016400878864	Eligibility Status: Eligible	Examination form No.: 095135 	Division/Section: B	Roll No.: 93
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KADAM ANKITA AJAY	Mother's Name: VAISHALI	Gender: Female
--	-------------------------	----------------

Name in Vernacular Language: कदम अंकिता अजय

Address: MAHATMA JYOTIBA PHULE CHS MADHUSADAN BLDG 28/415 MAHARSTRA NAGAR MANKHURD

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

Telephone no.:	Mobile no: 919819644917	Email : ANKIIKADAM04@GMAIL.COM
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DOB: Sep 04, 1999	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668728 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016400963444	Eligibility Status: Eligible	Examination form No.: 095136 	Division/Section: B	Roll No.: 119
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH SHAGUFTA ANWAR ALI	Mother's Name: NOORJAHAN	Gender: Female
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Name in Vernacular Language: शेख शगुफ्ता अन्वर अली

Address: PLOT NO 29/D/6 ROAD NO 4 SHIVAJI NAGAR GOVANDI

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

Telephone no.:	Mobile no: 919967007216	Email : shaikhmreen773@gmail.com
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DOB: Oct 29, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668756 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401162656	Eligibility Status: Eligible	Examination form No.: 095137 	Division/Section: A	Roll No.: 24	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAISWAL TARUN RAJU	Mother's Name: USHA	Gender: Male
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Name in Vernacular Language: जायसवाल तरुण राजू
--

Address: 407/A WING LAMBODER NIWAS DIVA EAST, THANE

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

Telephone no.:	Mobile no: 917045728521	Email : TARUN.JAISWAL095@GMAIL.COM
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DOB: May 01, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668672 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401163516	Eligibility Status: Eligible	Examination form No.: 095138 	Division/Section: B	Roll No.: 86
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: GHAG OMKAR PRAKASH	Mother's Name: ANKITA	Gender: Male
Name in Vernacular Language: ओमकार प्रकाश घाग		
Address: j-14, room no.4, barvenagar colony bhatwadi,ghatkopar(W) mumbai-400084		
City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084		
Telephone no.:	Mobile no: 919892864845	Email : omkarghag2699@gmail.com
DOB: Oct 26, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668723 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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[Handwritten Signature]

PRN: 2017016401251594	Eligibility Status: Eligible	Examination form No.: 095139 	Division/Section: B	Roll No.: 87
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GHAG SHIVANI BHIKAJI	Mother's Name: SHEELA	Gender: Female
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Name in Vernacular Language: घाग शिवानी भिकाजी

Address: SANT GAJANAN MAHARAJ MANDIR MARG ROOM NO.2 , SANT MUKTABAI HOSPITAL STAFF QUARTERS , BARVE NAGAR BHATWADI GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919920881972	Email : SHIVGHAG4@GMAIL.COM
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DOB: Sep 10, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668724 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:

Amount Received:	College Receipt No. and 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, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264084	Eligibility Status: Provisional	Examination form No.: 095140 	Division/Section: B	Roll No.: 89
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN PRIYANSH PAWAN	Mother's Name: NISHA	Gender: Male
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Name in Vernacular Language: जैन प्रियंश पवन

Address: SHAH MITHALAL AZIZ COMPOUND, NEAR NIRMAL LIFESTYLE, LBS MARG, MULUND WEST, MUMBAI

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

Telephone no.:	Mobile no: 918655792155	Email :
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DOB: Jul 19, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668725 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Poorti

PRN: 2017016401264092	Eligibility Status: Eligible	Examination form No.: 095141 	Division/Section: B	Roll No.: 92
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOSHI POORTI JAWAHAR	Mother's Name: NAYANA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: पूर्ति जवाहर जोशी

Address: C-44 RANGAVALI 1 CHSL KOLBAD ROAD,

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

Telephone no.:	Mobile no: 919969305425	Email : joshipoorti@gmail.com
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DOB: May 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668727 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264103	Eligibility Status: Eligible	Examination form No.: 095142 	Division/Section: C	Roll No.: 179
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: MEHTA NISHTHA KETAN SHIVANI	Mother's Name: SHIVANI	Gender: Female
Name in Vernacular Language: मेहता निशुता केतन शिवनी		
Address: T/4, 'B' WING, 'DEVKRUPA' KHALAI CO-OP SOC NATH PAI NAGAR, GHATKOPAR (EAST) MUMBAI 400077		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077		
Telephone no.: 25069752	Mobile no: 919619457670	Email : nishthakmehta.nkm@gmail.com
DOB: Jul 24, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668615 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee	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):

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	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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264111	Eligibility Status: Eligible	Examination form No.: 095143 	Division/Section: C	Roll No.: 216	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: IMAN JAVED TOLE	Mother's Name: FARZANA	Gender: Female
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Name in Vernacular Language: इमान जावेद टोले

Address: BUILDING NO - 30, FLAT NO - 8 LIG COLONY, VINOBA BHAVE NAGAR KURLA PIPE ROAD, KURLA WEST

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

Telephone no.: 91	Mobile no: 919004717353	Email : maparinafisa@gmail.com
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DOB: Dec 09, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668647 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Shubham Kumar Jha

PRN: 2017016401264126	Eligibility Status: Provisional	Examination form No.: 095144 	Division/Section: C	Roll No.: 173
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JHA SHUBHAM KUMAR BRAHMANAND	Mother's Name: RUPA	Gender: Male
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Name in Vernacular Language: शुभम कुमार झा

Address: B-34 ONGC COLONY vidyavihar east

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

Telephone no.: Mobile no: 918809717131 Email : shubhamjhaa@gmail.com

DOB: Oct 03, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668609 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Tushar

PRN: 2017016401264134	Eligibility Status: Eligible	Examination form No.: 095145 	Division/Section: C	Roll No.: 182
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MHASHAL TUSHAR RAGHUNATH	Mother's Name: USHA	Gender: Male
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Name in Vernacular Language: marathi

Address: kasturi park ashoka 001 adharwadi kalyan (w)

City: kalyan, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421301
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Telephone no.:	Mobile no: 917710831366	Email : tusharmhashal@gmail.com
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DOB: Jul 01, 1999	Category: Reserved (ST)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668618 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Nihade

PRN: 2017016401264142	Eligibility Status: Eligible	Examination form No.: 095146 	Division/Section: A	Roll No.: 32
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KODE NIHAR MILIND	Mother's Name: NEHA	Gender: Male
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Name in Vernacular Language: कोदे निहार मिलिंद
--

Address: house no 259 ap kankavali bajarpeth
--

City: KANKAVALI, Taluka: Kankavli, District: Sindhudurg, State: Maharashtra, PIN: 416602
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Telephone no.:	Mobile no: 919403558099	Email : niharkode6@gmail.com
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DOB: Jun 26, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668679 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264157	Eligibility Status: Eligible	Examination form No.: 095147 	Division/Section: A	Roll No.: 45	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANCHAL SHWETA BHUPENDRA KUMAR	Mother's Name: PUSHPA	Gender: Female
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Name in Vernacular Language: SHWETA

Address: ROOM NO. 12, K K PANDEY CHAWL NO. 4 GAMDEVI ROAD, GHATKOPAR (WEST)

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

Telephone no.:	Mobile no: 919769376466	Email : shwetapanchal1603@gmail.com
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DOB: Mar 16, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668692 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date: Student's Signature
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Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264165	Eligibility Status: Eligible	Examination form No.: 095148 	Division/Section: B	Roll No.: 128	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SOLANKI AKASH DEVDAS	Mother's Name: NEJAL	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: सोलंकी आकाश देवदास

Address: A-10, plot no 16, om namah shivay chs, mhada colony

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

Telephone no.:	Mobile no: 919769061124	Email : akashdsolanki@gmail.com
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DOB: Oct 24, 1999	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668760 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264173	Eligibility Status: Eligible	Examination form No.: 095149 	Division/Section: A	Roll No.: 36	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANGE TEJAS RAJESH	Mother's Name: SHANTI	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: tejas

Address: 4/25, hinglaj ashish, janardhan park, raghunath nagar
--

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

Telephone no.:	Mobile no: 919930405726	Email : tejasbhanushali322@gmail.com
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DOB: Feb 09, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668684 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Malav

PRN: 2017016401264181	Eligibility Status: Eligible	Examination form No.: 095150 	Division/Section: C	Roll No.: 193
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARIKH MALAV NIKHIL	Mother's Name: NEHA	Gender: Male
--	---------------------	--------------

Name in Vernacular Language: GUJRATI

Address: 4,AWADHPURI , RB MEHTA MARG, OPP CANARA BANK, GHATKOPAR EAST, MUMBAI 400077
--

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

Telephone no.: 25068118	Mobile no: 919920292457	Email : mparikhcool@gmail.com
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DOB: Jul 16, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668627 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264196	Eligibility Status: Eligible	Examination form No.: 095151 	Division/Section: A	Roll No.: 12	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DELIWALA PRANALI RAJESH	Mother's Name: SEJAL	Gender: Female
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Name in Vernacular Language: देविवाला प्रनली राजेश

Address: C\36, AMBAJI APARTMENT, PLOT NO.1054 DEVIDAYAL CROSS ROAD, MULUND (WEST)

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

Telephone no.: 25674070	Mobile no: 919820737747	Email : deliwalapranali@gmail.com
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DOB: Jun 22, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668661 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264207	Eligibility Status: Eligible	Examination form No.: 095152 	Division/Section: A	Roll No.: 5
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAPLOT HARSHIT ANIL	Mother's Name: PREMA	Gender: Male
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Name in Vernacular Language: चपलोट हर्षित अनिल
--

Address: Flat No- A501, Vardhman Park Plot No-49, Sector 17 Vashi

City: Navi Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400705
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Telephone no.: 27892228	Mobile no: 917045535011	Email : chaplotharshit@gmail.com
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DOB: Jan 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668654 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

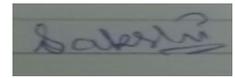
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264215	Eligibility Status: Eligible	Examination form No.: 095153 	Division/Section: C	Roll No.: 212
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: TANNA SAKSHI MAHESH	Mother's Name: CHETNA	Gender: Female
Name in Vernacular Language: तन्ना साक्षी महेश		
Address: 1, MAHAJAN BLDG M. G. ROAD MULUND WEST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080		
Telephone no.:	Mobile no: 917506006388	Email : sakshitanna27@gmail.com
DOB: Feb 08, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668643 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

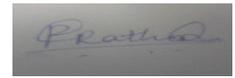
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264223	Eligibility Status: Provisional	Examination form No.: 095154 	Division/Section: B	Roll No.: 117
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: RATHOD PRACHI HINESH	Mother's Name: HARSHIDA	Gender: Female
Name in Vernacular Language: रचि हिनेश		
Address: 701, MOUNT E/2, GOLDENPARK II BETURKARPADA, KALYAN WEST		
City: KALYAN, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421301		
Telephone no.:	Mobile no: 919920877261	Email : piurathod104@gmail.com
DOB: Jan 26, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668751 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Krutika

PRN: 2017016401264231	Eligibility Status: Eligible	Examination form No.: 095155 	Division/Section: A	Roll No.: 46
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL KRUTI RAJNIKANT K	Mother's Name: SHAKUNTALA	Gender: Female
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Name in Vernacular Language: પટેલ કૃતિ રજનીકાંત કે

Address: AANGAN CHS 303 PLOT NO 78/79 SECTOR 19 KHARGHAR

City: NAVI MUMBAI, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410210

Telephone no.:	Mobile no: 919967923787	Email : patelkruti475@gmail.com
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DOB: Nov 08, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668693 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264246	Eligibility Status: Eligible	Examination form No.: 095156 	Division/Section: C	Roll No.: 192	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: PADALIA MEET JAYDEEP	Mother's Name: HEENA	Gender: Male
Name in Vernacular Language: पदालिया मीत जयदीप		
Address: building no. 24 /flat no. 301/ b wing shree sainath tower, tilak nagar chembur ,mumbai		
City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400089		
Telephone no.:	Mobile no: 917738039949	Email : meetpadalia104@gmail.com
DOB: Mar 30, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668626 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee	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):

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	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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264254	Eligibility Status: Eligible	Examination form No.: 095157 	Division/Section: C	Roll No.: 161
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JENIL SATISH GADA	Mother's Name: JULI	Gender: Male
--	---------------------	--------------

Name in Vernacular Language: JENIL

Address: 902 SILVER COURT, M.G. ROAD OPPOSITE JOSHI LANE, GHATKOPAR (EAST) MUMBAI-400077

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

Telephone no.: 21027410	Mobile no: 918879424142	Email : jenilgada1@gmail.com
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DOB: Oct 18, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668597 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ; Th-CA []
2	86002	International Finance	Th-UA [] ; Th-CA []
3	86008	Project Management	Th-UA [] ; Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ; Th-CA []
5	86017	Indirect Taxes	Th-UA [] ; Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ; Pw-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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Jayti Patel

PRN: 2017016401264262	Eligibility Status: Eligible	Examination form No.: 095158 	Division/Section: B	Roll No.: 112
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: PATEL JAYTI MAHENDRAKUMAR	Mother's Name: MADHUBEN	Gender: Female
Name in Vernacular Language: પટેલ જયંતી મહેન્દ્રકુમાર		
Address: SAMARPAN CHS 302 PLOT NO 10/B SECTOR 20 KHARGHAR		
City: NAVI MUMBAI, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410210		
Telephone no.:	Mobile no: 918451855103	Email : pjayu111@gmail.com
DOB: Feb 05, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668747 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee	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):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRAPTI

PRN: 2017016401264277	Eligibility Status: Eligible	Examination form No.: 095159 	Division/Section: B	Roll No.: 113
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL PRAPTI JIGNESH	Mother's Name: CHANDRIKA	Gender: Female
--------------------------------------	--------------------------	----------------

Name in Vernacular Language: पटेल प्राप्ती जिग्नेश

Address: 4/5, ARYA SAGAR, LALA LAJPATRAI PARASMANI NAKA

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

Telephone no.:	Mobile no: 919167464370	Email : praptipatel116@gmail.com
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DOB: Jun 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668748 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



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

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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Amrita

PRN: 2017016401264304	Eligibility Status: Eligible	Examination form No.: 095160 	Division/Section: C	Roll No.: 219
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AMRITHA ASHOK	Mother's Name: GEETHA	Gender: Female
--------------------------------------	-----------------------	----------------

Name in Vernacular Language: Amritha

Address: A/8, Adarsh co-op hsg society, Plot No:79, Savarkar Nagar,

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

Telephone no.: 25833299	Mobile no: 918692080289	Email : ashokamrita35@gmail.com
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DOB: May 05, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668589 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264312	Eligibility Status: Eligible	Examination form No.: 095161 	Division/Section: B	Roll No.: 80
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BORICHA JINAL DILIP	Mother's Name: BHARTI	Gender: Female
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Name in Vernacular Language: जिनल बोरिचा

Address: D/O dilip boricha , near lion park lokmanya nagar parigarh khadi LBS Marg kurla

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

Telephone no.:	Mobile no: 917506525103	Email : dilipboricha75@gmail.com
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DOB: Jun 30, 1999	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668717 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

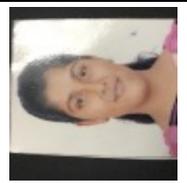
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Krishi

PRN: 2017016401264327	Eligibility Status: Eligible	Examination form No.: 095162 	Division/Section: A	Roll No.: 31
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHANDOR KRISHI SANJAY	Mother's Name: SONAL	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: krishi

Address: A/21 MUNIVURAT DARSHAN NAVROJI LANE GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919930993480	Email : krishikhandor@gmail.com
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DOB: Jan 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668678 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264335	Eligibility Status: Eligible	Examination form No.: 095163 	Division/Section: B	Roll No.: 79	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHAVE MRUNAL SHRIRANJAN	Mother's Name: JANHAVI	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: भावे मृणाल श्रीरंजन

Address: 2 SHRIDHAR APARTMENT MAKHMALI TALAO AGRA ROAD THANE WEST

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

Telephone no.: 25428821	Mobile no: 917506288370	Email : mrunalbhav31@gmail.com
-------------------------	-------------------------	--------------------------------

DOB: Oct 18, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668716 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264343	Eligibility Status: Eligible	Examination form No.: 095164 	Division/Section: C	Roll No.: 204	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH RAHIL NIRAV	Mother's Name: KRUPALI	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: राहिल

Address: 705 / 706 PRABHU APARTMENTS OPP RAJAWADI P.O ASHAPURA LANE

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

Telephone no.:	Mobile no: 919820033567	Email : niravkrupali@gmail.com
----------------	-------------------------	--------------------------------

DOB: Dec 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668634 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264351	Eligibility Status: Eligible	Examination form No.: 095165 	Division/Section: C	Roll No.: 210
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHUKLA SHIVAM LAVKUSH	Mother's Name: KAMLESH SHUKLA	Gender: Male
--	-------------------------------	--------------

Name in Vernacular Language: शुक्ल शिवम् लवकुश
--

Address: ROOM NO 6 DC PANDEY CHAWL VIJAY MAHAL MASRANI LANE HALAVPOOL

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

Telephone no.: 24195041	Mobile no: 919987837572	Email : Shiv845.ss@gmail.com
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DOB: May 05, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668640 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

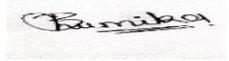
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264366	Eligibility Status: Provisional	Examination form No.: 095166 	Division/Section: A	Roll No.: 60
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR BHUMIKA BHAVIK	Mother's Name: PRAGNA	Gender: Female
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Name in Vernacular Language: **थक्कर भुमिका भाविक**

Address: C-3 905 LOK EVEREST CEMENT CO. J.S.D ROAD MULUND(W) MUMBAI-400080

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

Telephone no.: 25651842	Mobile no: 919769048948	Email : bhumikacreatives@yahoo.com
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DOB: Oct 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668708 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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JIGAR

PRN: 2017016401264374	Eligibility Status: Eligible	Examination form No.: 095167 	Division/Section: B	Roll No.: 81
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHHEDA JIGAR RASHMIK	Mother's Name: VARSHA	Gender: Male
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Name in Vernacular Language: जिगर छेद

Address: 13/200, SAMEER BUILDING RAM MILAN SHULKA MARG SION - EAST

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

Telephone no.:	Mobile no: 918169560796	Email : jigar.1998@gmail.com
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DOB: Nov 14, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668719 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264382	Eligibility Status: Provisional	Examination form No.: 095168 	Division/Section: C	Roll No.: 199	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SEJPAL DHAVAL DHARMENDRA	Mother's Name: ARCHANA	Gender: Male
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Name in Vernacular Language: धवल रेश्मपाल

Address: MEHUL MAHENDRA ATHA C - 204, KESHAV KUNJ - 1, PLOT NO. 38 / 39, SECTOR-30, VASHI, NAVI MUMBAI

City: MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400705

Telephone no.:	Mobile no: 918770273649	Email : dhaval.sejpal.9@gmail.com
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DOB: Feb 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668630 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Diana

PRN: 2017016401264397	Eligibility Status: Eligible	Examination form No.: 095169 	Division/Section: A	Roll No.: 19
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GOMES DIANA MICHEAL	Mother's Name: CASSINTA	Gender: Female
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Name in Vernacular Language: गोमस डायना मिचेल

Address: Robert V Gomes homes, vikhroli village, mumbai-400079, maharashtra

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400079

Telephone no.: Mobile no: 918828177611 Email : dianagomes2911@gmail.com

DOB: May 10, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668667 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee 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, 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:

Date:

College Staff Signature

Seal and Signature of Principal/HOD/Chairperson



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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264401	Eligibility Status: Eligible	Examination form No.: 095170 	Division/Section: C	Roll No.: 206	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH SAYAM PANKAJ	Mother's Name: NISHA	Gender: Male
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Name in Vernacular Language: SAYAM

Address: 8, B WING, KRISHNA NIWAS, R P ROAD, NEAR 396 BUS STOP MULUND WEST
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.: 25932136	Mobile no: 919930771506	Email : shahsayam1999@gmail.com
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DOB: Oct 22, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668637 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264416	Eligibility Status: Provisional	Examination form No.: 095171 	Division/Section: B	Roll No.: 115
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ROHIT ARUN PAWAR	Mother's Name: NEETA	Gender: Male
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Name in Vernacular Language: रोहित अरुण पवार

Address: Flat No. 6, 2nd Floor, Parmahans CHS, Postal Colony Road, Chembur (East), Mumbai Flat No. 6, 2nd Floor, Parmahans CHS, Postal Colony Road, Chembur (East), Mumbai

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400071

Telephone no.:	Mobile no: 919757435384	Email : rohitconnor1516@gmail.com
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DOB: Sep 11, 1999	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 910101 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:

Amount Received:	College Receipt No. and 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, The Controller of Examination,

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Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264424	Eligibility Status: Provisional	Examination form No.: 095172 	Division/Section: B	Roll No.: 127	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SANJANA VIJAYKUMAR SINKAR	Mother's Name: ANITA	Gender: Female
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Name in Vernacular Language: SANJANA

Address: A-1/12,BEST Staff Quarters, Pant Nagar Ghatkopar(east) A-1/12,BEST Staff Quarters, Pant Nagar Ghatkopar(east) A-1/12,BEST Staff Quarters, Pant Nagar Ghatkopar(east)

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

Telephone no.: 25006535	Mobile no: 918080641779	Email : sanjana.sinkar@ymail.com
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DOB: Sep 10, 1998	Category: Reserved (OBC)	Physically Handicap: Dyslexia
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668759 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Rumana Khan

PRN: 2017016401264432	Eligibility Status: Provisional	Examination form No.: 095173 	Division/Section: A	Roll No.: 30
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: KHAN RUMANA MASUD ALI KHAN	Mother's Name: FAUJIA KHANAM	Gender: Female
Name in Vernacular Language: रुमाना खान		
Address: F/1, NAVAL CIVILIAN HOUSING COLONY, KANJURMARG (W), MUMBAI-78 F/1, NAVAL CIVILIAN HOUSING COLONY, KANJURMARG (W), MUMBAI-78		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078		
Telephone no.:	Mobile no: 919004557351	Email : alisha.khan616@gmail.com
DOB: Dec 24, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668677 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee	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, The Controller of Examination,

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Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264447	Eligibility Status: Eligible	Examination form No.: 095174 	Division/Section: B	Roll No.: 110	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL AMI ARVIND	Mother's Name: NAYANA	Gender: Female
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Name in Vernacular Language: पटेल अमी अरविंद

Address: Sector A/97, Balaji Nagar, Parksite, Vikhroli (W), Mumbai-400079

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

Telephone no.:	Mobile no: 919769301032	Email : amipatel18.ap@gmail.com
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DOB: Jul 17, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668746 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264455	Eligibility Status: Eligible	Examination form No.: 095175 	Division/Section: A	Roll No.: 51	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH NISHI VIPUL	Mother's Name: SUPRIYA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: **शह नशी वीपुल**

Address: 14 rajumansion vallabaugh ext lane ghatkopar east

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

Telephone no.:	Mobile no: 918767715501	Email : shahnishi2060@gmail.com
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DOB: Jun 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668699 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264463	Eligibility Status: Eligible	Examination form No.: 095176 	Division/Section: B	Roll No.: 104	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MISHRA AARTI LALAN	Mother's Name: SARBANI	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: मिश्रा आरती ललन

Address: 264 1/2 Shivdarshan Society, Shivaji Nagar, Parksite Vikhroli(W), Mumbai-79

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

Telephone no.:	Mobile no: 918291227440	Email : aartimishra797@gmail.com
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DOB: Sep 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668740 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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R. H. Mehta

PRN: 2017016401264471	Eligibility Status: Eligible	Examination form No.: 095177 	Division/Section: A	Roll No.: 39
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RIA HITEN MEHTA	Mother's Name: SHETAL	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: रिया हिर्ते मेहता

Address: 9 KONARK CHANDRALOK JETHABHAI LANE, GHATKOPAR EAST

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

Telephone no.: 25010397	Mobile no: 919920771114	Email : riamehta9@gmail.com
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DOB: May 27, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668687 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264486	Eligibility Status: Eligible	Examination form No.: 095178 	Division/Section: A	Roll No.: 20	<u>JENIL</u>
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JENIL ATUL GOSRANI	Mother's Name: PARUL	Gender: Male
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Name in Vernacular Language: जेनील अतुल गोसराणी

Address: 603 Atri Tower, Sapatarshi park Opp Swapna Nagri Mulund West - 400080
--

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

Telephone no.: 21644704	Mobile no: 917045188198	Email : jenilgosrani19@gmail.com
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DOB: Aug 25, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668668 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264494	Eligibility Status: Provisional	Examination form No.: 095179 	Division/Section: A	Roll No.: 48	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAJGOR SRUSHTI HEMANT	Mother's Name: TRUPTI	Gender: Female
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Name in Vernacular Language: राजगोर सृष्टि हेमंत

Address: 604, SATGURU SUPREME, Walji Ladha road, mulund west

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

Telephone no.: 25641632

Mobile no: 919029894849

Email : srushtirajgor28@gmail.com

DOB: Aug 28, 1999

Category: Open

Physically Handicap: No

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

Exam Event: Apr-2019

Seat No: 0668697 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264513	Eligibility Status: Eligible	Examination form No.: 095180 	Division/Section: A	Roll No.: 11	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DEDHIA RIDDHI KALPESH	Mother's Name: JASMINA	Gender: Female
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Name in Vernacular Language: RIDDHI

Address: 1302 B WING SARVODAYA HEIGHTS SARVODAYA NAGAR
--

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

Telephone no.: 25911795	Mobile no: 919920593527	Email : rdedhia85@gmail.com
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DOB: Feb 07, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668660 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264521	Eligibility Status: Eligible	Examination form No.: 095181 	Division/Section: C	Roll No.: 165	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TANVI SURENDRA GALA	Mother's Name: JIGNA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: तन्वी सुरेश GALA

Address: B/503 MULUND YASHWANT G.V.S. ROAD NO.2 MULUND EAST

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

Telephone no.: 21635884	Mobile no: 919867164547	Email : tanvi.gala99@gmail.com
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DOB: Sep 14, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668601 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264536	Eligibility Status: Eligible	Examination form No.: 095182 	Division/Section: A	Roll No.: 9	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHOUHARI PRINJAL UTTAM	Mother's Name: VANITA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: चौधरी प्रिंजल UTTAM

Address: C-1901 LAVENDER MAHINDRA SPLENDOR OPP METRO MALL

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

Telephone no.: 25952464	Mobile no: 918828935836	Email : prinjal.3@icloud.com
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DOB: Dec 03, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668658 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and 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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Morve

PRN: 2017016401264544	Eligibility Status: Eligible	Examination form No.: 095183 	Division/Section: C	Roll No.: 184
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MORVE MUKUL MADAN	Mother's Name: INDIRA	Gender: Male
-----------------------------------	-----------------------	--------------

Name in Vernacular Language: मोरवे मुकुल मदन
--

Address: EVEREST GARDENS D WING 401 GHATKOPAR EAST
--

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

Telephone no.:	Mobile no: 917039867006	Email : mukulmorve1999@gmail.com
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DOB: Dec 03, 1999	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668620 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Junaid Khan

PRN: 2017016401264552	Eligibility Status: Eligible	Examination form No.: 095184 	Division/Section: B	Roll No.: 97
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN MOHAMMED JUNAID YUSUF	Mother's Name: SAJIDA	Gender: Male
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Name in Vernacular Language: खान मोहद जुनैद युसूफ

Address: porbandar wala bld B 13 2ND FLOOR CHIRAG NAGAR

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

Telephone no.:	Mobile no: 918286104667	Email : junaidkhanj271@gmail.com
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DOB: Mar 28, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668732 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264575	Eligibility Status: Eligible	Examination form No.: 095185 	Division/Section: C	Roll No.: 194
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL ARPI RAJESH URMILA	Mother's Name: URMILA	Gender: Female
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Name in Vernacular Language: अर्पि

Address: B/402, Vikram apartment, new maneklal LBS marg, Ghatkopar West

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

Telephone no.: 25093454	Mobile no: 919594348603	Email : viralp6696@gmail.com
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DOB: Jun 10, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668628 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264583	Eligibility Status: Eligible	Examination form No.: 095186 	Division/Section: A	Roll No.: 2	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI NIKUNJ JITENDRA	Mother's Name: JAYSHREE	Gender: Male
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Name in Vernacular Language: NIKUNJ

Address: 353/1 dev kunj, R.B.Mehta Marg 60ft road , Ghatkopar (east) mumbai

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

Telephone no.: 25066095	Mobile no: 919004526930	Email : nikubhanu5@gmail.com
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DOB: Oct 14, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668651 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264591	Eligibility Status: Eligible	Examination form No.: 095187 	Division/Section: C	Roll No.: 211	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: YUKTA MAHAVIR SINGHVI	Mother's Name: ARUNA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: युक्ता महावीर सिंघवी

Address: 3B-114, KALPATARU AURA LBS MARG GHATKOPAR WEST

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

Telephone no.: 25176013	Mobile no: 919833823389	Email : ymsinghvi22@gmail.com
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DOB: Dec 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668642 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264602	Eligibility Status: Eligible	Examination form No.: 095188 	Division/Section: A	Roll No.: 49
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHUMIKA SAMEER SHAH	Mother's Name: HEMALI	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: BHUMIKA

Address: E/24, VRINDAVAN SOCIETY L.B.S MARG, GHATKOPAR(WEST), MUMBAI-400086

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

Telephone no.: 25124804	Mobile no: 917045571325	Email : bhumikashahrocks@gmail.com
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DOB: Jun 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 2017016401264602 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Dhoble

PRN: 2017016401264617	Eligibility Status: Eligible	Examination form No.: 095189 	Division/Section: A	Roll No.: 14
--------------------------	---------------------------------	-------------------------------------	------------------------	-----------------

Instruction Medium:	Nationality: United States of America
---------------------	---------------------------------------

Student's Personal Information

Student's Name: SAMIDHA RAJESH DHOBLE	Mother's Name: SHILPA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: SAMIDHA

Address: B-17/230, "SHOBHNA" Rajawadi Housing Colony Ghatkopar(East)

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

Telephone no.: 21028218	Mobile no: 919757023096	Email : samidha.dhoble@gmail.com
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DOB: May 11, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668663 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

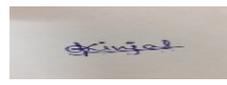
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264625	Eligibility Status: Eligible	Examination form No.: 095190 	Division/Section: C	Roll No.: 208
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHANKLESHA KINJAL GAUTAM	Mother's Name: RAJANI	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: शंकलेशा किंजल गौतम

Address: 303, 3rd floor, alwin talkies, punyoday complex, ahilyabai chowk, Kalyan west

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

Telephone no.:	Mobile no: 918879370370	Email : kinjalshanklesha15@gmail.com
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DOB: Jun 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668638 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Archie

PRN: 2017016401264633	Eligibility Status: Eligible	Examination form No.: 095191 	Division/Section: A	Roll No.: 7
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHHADWA ARCHIE JAYESH	Mother's Name: HEENA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: छडवा आरची जयेश

Address: 502, LAVINA APARTMENT NR 19 NO MUNICIPAL SCHOOL, VISHNU NAGAR NAUPADA, THANE WEST

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

Telephone no.:	Mobile no: 918369217814	Email : archiechhadva@gmail.com
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DOB: Dec 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668656 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and 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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264641	Eligibility Status: Eligible	Examination form No.: 095192 	Division/Section: A	Roll No.: 26	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAVANI NIRBHAY AJAY	Mother's Name: HEENA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: जवानी निर्भय अजय

Address: 1004, Tanishq Heights, Oghadbhai Lane, M. G. Road, Ghatkopar East

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

Telephone no.: 25085158	Mobile no: 919167718342	Email : nrbhy23@icloud.com
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DOB: Jul 23, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668674 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264656	Eligibility Status: Eligible	Examination form No.: 095193 	Division/Section: A	Roll No.: 33	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KOTHARI SUMIT ASHOK	Mother's Name: SMITA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: कुथारी सुमित
--

Address: A/9 Shanti Bhutan Above Mc Donalds N.S. Road Mulund (W)
--

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

Telephone no.:	Mobile no: 919594733544	Email : sumitkothari28@gmail.com
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DOB: Aug 27, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668680 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264664	Eligibility Status: Eligible	Examination form No.: 095194 	Division/Section: C	Roll No.: 153	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BATLIWALA MOHD FAZIL SHAKIR	Mother's Name: RUKHSANA	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: BATLIWALA MOHD FAZIL SHAKIR
--

Address: BUNDER BLDG,2ND FLR,ROOM NO-03. ABOVE NAZIR CHEMIST,OPPOSITE KHOJA KABRASTAN.
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400009
--

Telephone no.:	Mobile no: 919833364452	Email : fazilbatli@gmail.com
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DOB: Apr 30, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668590 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264672	Eligibility Status: Eligible	Examination form No.: 095195 	Division/Section: B	Roll No.: 121	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NEETU MAHENDRA SHAH	Mother's Name: MANJULA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: नीतू महेंद्र शाह

Address: 122/B Dutta Mandir First floor, Room no. 28

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400002

Telephone no.: 24372108	Mobile no: 919920331446	Email : neetushah1999@gmail.com
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DOB: May 02, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668755 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264687	Eligibility Status: Eligible	Examination form No.: 095196 	Division/Section: A	Roll No.: 23	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN PREKSHA PRAVEEN	Mother's Name: DEEPIKA	Gender: Female
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Name in Vernacular Language: जैन

Address: sankeshwar co operative housing society 3 rd floor flat no-302 gokul nagar

City: BHIWANDI, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421308

Telephone no.: 254064	Mobile no: 918554827332	Email : prekshajain1235@gmail.com
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DOB: Jun 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668671 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264695	Eligibility Status: Eligible	Examination form No.: 095197 	Division/Section: C	Roll No.: 159
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: BRAHMBHATT PARTH JAYESH	Mother's Name: MINAL	Gender: Male
Name in Vernacular Language: પાર્થ જયેશ બ્રાહ્મભટ્ટ		
Address: 17/18 KRISHNA KUNJ 1 SANGHANI ESTATE, L.B.S MARG GHATKOPAR(WEST), MUMBAI-400086		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 917045342665	Email : parthbhatt92@gmail.com
DOB: Feb 22, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668595 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee	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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264706	Eligibility Status: Eligible	Examination form No.: 095198 	Division/Section: C	Roll No.: 163
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GALA JENIL ARVIND	Mother's Name: ANITA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: ગાલા જેનીલ અરવિંદ
--

Address: 3,gaurav niwas Patharli road Goggrasswadi
--

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

Telephone no.:	Mobile no: 919969102066	Email : jeniigala74@gmail.com
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DOB: May 09, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668599 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264714	Eligibility Status: Eligible	Examination form No.: 095199 	Division/Section: A	Roll No.: 35	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MAHETA RIDDHI RAMESH BHAI	Mother's Name: VARSHA BEN	Gender: Female
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Name in Vernacular Language: रीधी महेरत

Address: Shroff bldg no1 2nd floor room no 15/16 Gokhale road dadar Mumbai 400025

City: Dadar, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400025

Telephone no.: 022	Mobile no: 919167263435	Email : riddhim733@gmail.com
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DOB: Dec 10, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668683 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

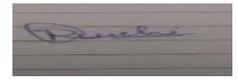
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264722	Eligibility Status: Eligible	Examination form No.: 095200 	Division/Section: C	Roll No.: 102
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LUNKAD RUCHI BHARAT	Mother's Name: INDIRADEVI	Gender: Female
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Name in Vernacular Language: लुंकड रुची भारत

Address: shiv parvati building,near challenge ground,mahesh park,gokulnagar,bhiwandi shiv parvati building,near challenge ground,maheshpark,gokulnagar,bhiwandi

City: MUMBAI, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421308

Telephone no.:	Mobile no: 919096687387	Email : ruchij9988@gmail.com
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DOB: May 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668611 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:

Amount Received:	College Receipt No. and 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, The Controller of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Padma

PRN: 2017016401264737	Eligibility Status: Eligible	Examination form No.: 095201 	Division/Section: B	Roll No.: 88
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JADHAV PRADNYA PRAKASH	Mother's Name: SHITAL	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: जाधव प्रजा प्रकाश

Address: ROOM NO 1 VIJAY NIWAS CHAWL TELKOSWADI KOPAR ROAD DOMBIVLI WEST

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

Telephone no.:	Mobile no: 917715078497	Email : jadhavsuyog143@gmail.com
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DOB: Oct 07, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 910099 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264745	Eligibility Status: Eligible	Examination form No.: 095202 	Division/Section: C	Roll No.: 177	<i>Ravi</i>
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MAURYA RAVISHANKAR GOPINATH	Mother's Name: GEETA	Gender: Male
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Name in Vernacular Language: मौर्या रविशंकर गोपीनाथ

Address: Near Old Barrack T-41 Indira Nagar Chembur Colony

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

Telephone no.:	Mobile no: 917045017642	Email : ravimaurya0432@gmail.com
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DOB: Jun 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668613 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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T. Boh.

PRN: 2017016401264753	Eligibility Status: Eligible	Examination form No.: 095203 	Division/Section: A	Roll No.: 4
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BOHRA TEJAS DHANSINGH	Mother's Name: KHIWARI	Gender: Male
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Name in Vernacular Language: BOHRA TEJAS DHANSINGH
--

Address: G1 Anmol Co.op Housing Society BLDG No 7 Phase No 6 GB Road Thane (West)

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400607
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Telephone no.:	Mobile no: 919594208622	Email : bohratejas@gmail.com
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DOB: Dec 05, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668653 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264761	Eligibility Status: Eligible	Examination form No.: 095204 	Division/Section: B	Roll No.: 101	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LAHOTI YASH SUSHIL	Mother's Name: SWATI	Gender: Male
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Name in Vernacular Language: YASH

Address: UTTAM KOUSHALYA BIHARILAL NAGAR JALNA
--

City: JALNA, Taluka: Jalna, District: Jalna, State: Maharashtra, PIN: 431203
--

Telephone no.: 235225	Mobile no: 919403599898	Email : lahotiy98@gmail.com
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DOB: Sep 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668736 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Kiran

PRN: 2017016401264776	Eligibility Status: Eligible	Examination form No.: 095205 	Division/Section: C	Roll No.: 176
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MAURYA KIRAN SHIVKUMAR	Mother's Name: SARITA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: मौर्या किरन शिवकुमार

Address: Near T-41 Old Barrack Indira Nagar Chembur Colony

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

Telephone no.:	Mobile no: 919820490056	Email : kiranmaurya0432@gmail.com
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DOB: Jan 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668612 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264784	Eligibility Status: Eligible	Examination form No.: 095206 	Division/Section: A	Roll No.: 15
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: GADA DEVANSHI KALYANJI	Mother's Name: CHETANA	Gender: Female
Name in Vernacular Language: devsnshi		
Address: 503/silvermatruprabha kama lane ghatkopar west		
City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086		
Telephone no.:	Mobile no: 918879751722	Email : devanshigada15@gmail.com
DOB: Apr 15, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668664 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264792	Eligibility Status: Eligible	Examination form No.: 095207 	Division/Section: A	Roll No.: 59	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ABHIMANYU HITESH THAKKAR	Mother's Name: SIMMI	Gender: Male
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Name in Vernacular Language: अभिमन्यु हितेश ठाकर
--

Address: B-204, REDWOODS NEAR VASANT GARDEN, SWAPNA NAGRI MULUND WEST, MUMBAI - 400080
--

City: MUMBAI, Taluka: , District: Mumbai Suburban, State: Maharashtra, PIN: 400080
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Telephone no.: 21640623	Mobile no: 918082015676	Email : thakkar975@gmail.com
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DOB: Jan 23, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668707 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date: Student's Signature
--	--

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264811	Eligibility Status: Eligible	Examination form No.: 095208 	Division/Section: C	Roll No.: 168	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN HARSHIT DINESH	Mother's Name: SANTOSH	Gender: Male
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Name in Vernacular Language: जैन हर्षित दिनेश

Address: ashar estate, a3-304, shreenagar, wagle estate thane

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

Telephone no.: Mobile no: 917715983530 Email : hjain1121999@gmail.com

DOB: Dec 01, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668604 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264826	Eligibility Status: Eligible	Examination form No.: 095209 	Division/Section: C	Roll No.: 202	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KRISHA SHAH	Mother's Name: SHANTI	Gender: Female
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Name in Vernacular Language: क्रिशा

Address: B/4 , Namaskar soc, Kharkar Ali, Thank (w)

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

Telephone no.: Mobile no: 918767682651 Email : krishashah9963@gmail.com

DOB: Oct 02, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 910107 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264842	Eligibility Status: Eligible	Examination form No.: 095210 	Division/Section: B	Roll No.: 94
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KALE NEETA ANAND	Mother's Name: ANITA	Gender: Female
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Name in Vernacular Language: काळे नीट अनंत

Address: VISHNU NAGAR SOCIETY L.U.GADKARI MARG CHEMBUR

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

Telephone no.:	Mobile no: 918689805259	Email : chandankale89@gmail.com
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DOB: Feb 12, 2000	Category: Reserved (NT-2 (NT-C))	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668729 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264857	Eligibility Status: Provisional	Examination form No.: 095211 	Division/Section: B	Roll No.: 111
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL ANKIT RAMESH	Mother's Name: LEELA	Gender: Male
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Name in Vernacular Language: અંકિત રમેશ

Address: 504, Moreshwar Complex Plot No-35, Sector-21 Kharghar

City: Navi Mumbai, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410210

Telephone no.:	Mobile no: 917021969722	Email : rameshkharghar@gmail.com
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DOB: Jul 09, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 910100 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



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

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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264865	Eligibility Status: Eligible	Examination form No.: 095212 	Division/Section: C	Roll No.: 205
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH RIYA ASHOK	Mother's Name: KAILAS	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: RIYA

Address: 304 paras society navrojilane

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

Telephone no.: Mobile no: 919769289699 Email : shahriya1099@gmail.com

DOB: Oct 10, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668635 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee 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, The Controller of Examination,

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

Place: **Vidyavihar**
Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

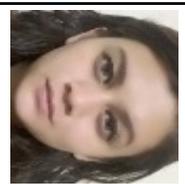
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264873	Eligibility Status: Eligible	Examination form No.: 095213 	Division/Section: B	Roll No.: 82
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: SANIKA UMESH DHURI	Mother's Name: NITA	Gender: Female
Name in Vernacular Language: Marathi		
Address: 402, Arya Residency, Sunil Nagar Behind DNC School, Dombivli (E)		
City: Dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 919702221623	Email : sanikadhuri2301@gmail.com
DOB: Jan 23, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668720 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

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

Declaration by Principal/HOD/Chairperson

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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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264896	Eligibility Status: Eligible	Examination form No.: 095214 	Division/Section: C	Roll No.: 213
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TAWDE ANKITA SHARAD	Mother's Name: ANJALI	Gender: Female
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Name in Vernacular Language: अंकित

Address: B-111 Mahadev Patil SRA CHS LTD Ghatla village road, Chembur Mumbai

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

Telephone no.:	Mobile no: 918419905033	Email : ankutawde@gmail.com
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DOB: Jan 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668644 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and 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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264907	Eligibility Status: Eligible	Examination form No.: 095215 	Division/Section: C	Roll No.: 166	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GOSALIA MIRAV ATUL	Mother's Name: RUPAL	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: गोसालीया मिरव अतुल

Address: B/11, JAY PALAVI CHS NEAR MADHAVI BUNGALOW, RAJAJI PATH DOMBIVLI(EAST)

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

Telephone no.:	Mobile no: 918898052878	Email : miravgosalia711@gmail.com
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DOB: May 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668602 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Prarthana Narang

PRN: 2017016401264915	Eligibility Status: Provisional	Examination form No.: 095216 	Division/Section: C	Roll No.: 188
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: NARANG PRARTHANA	Mother's Name: PUJA	Gender: Female
Name in Vernacular Language: नारंग प्रार्थना		
Address: A-201 PARK DEW SECTOR-20, PLOT NO.-73 KHARGHAR, NAVI MUMBAI		
City: navi mumbai, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410210		
Telephone no.:	Mobile no: 918454942439	Email : prarthnanarang@gmail.com
DOB: Sep 10, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668622 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and 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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264923	Eligibility Status: Eligible	Examination form No.: 095217 	Division/Section: B	Roll No.: 133	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BALAJI MANIVANNAN	Mother's Name: CHITRA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: BALAJI MANIVANNAN
--

Address: 504, 5th FLOOR, NEW VISHWAS BUILDING, D.K SANDHU MARG, CHEMBUR, MUMBAI - 400 071.
--

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

Telephone no.:	Mobile no: 919920601323	Email : balajim1323@gmail.com
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DOB: Jun 19, 1999	Category: Open	Physically Handicap: Learning Disability
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668737 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

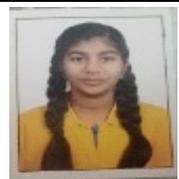
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264946	Eligibility Status: Eligible	Examination form No.: 095218 	Division/Section: A	Roll No.: 10	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DEDHIA BHUMI HEMANT	Mother's Name: RUPAL	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: देडिया भूमि हेमंत

Address: A-504,SUMER CASTLE,LBS MARG, CASTLE MILL NAKA, THANE WEST

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

Telephone no.: 25478388	Mobile no: 917718836494	Email : bhumidedhia99@gmail.com
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DOB: Jul 25, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668659 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Blayak

PRN: 2017016401264954	Eligibility Status: Eligible	Examination form No.: 095219 	Division/Section: A	Roll No.: 44
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NAYAK KRUPA DAMODAR	Mother's Name: DEEPA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: नायक कृपा दामोदर

Address: 1, SURESH BHAVAN, OLD DOMBIVLI ROAD, NEAR BHARAT MATA SCHOOL, SHASTRI NAGAR, DOMBIVLI WEST.

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

Telephone no.:	Mobile no: 919930549323	Email : 35krupa@gmail.com
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DOB: Jun 05, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668691 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264962	Eligibility Status: Eligible	Examination form No.: 095220 	Division/Section: B	Roll No.: 108	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANJABI DEEPEN SUNIL	Mother's Name: AARTI	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: PANJABI DEEPEN SUNIL

Address: "SHREENATH" OPPOSITE SSD GARDEN DURGA MATA ROAD
--

City: JALNA, Taluka: Jalna, District: Jalna, State: Maharashtra, PIN: 431203
--

Telephone no.: 237122	Mobile no: 917767860106	Email : panjabideepen123@gmail.com
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DOB: Feb 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668744 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Naitik

PRN: 2017016401264977	Eligibility Status: Eligible	Examination form No.: 095221 	Division/Section: A	Roll No.: 42
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NAGDA NAITIK BIPIN	Mother's Name: HEENA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: नैतिक बिपिन नागडा
--

Address: 705, B-Wing, Mohan Mansion Gulmohar Lane, Chunabhatti(East) Mumbai 400022
--

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

Telephone no.: 24050125	Mobile no: 917045818954	Email : naitik.nagda@gmail.com
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DOB: Nov 09, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668689 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401264985	Eligibility Status: Provisional	Examination form No.: 095222 	Division/Section: A	Roll No.: 66	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KUMAWAT HARSHIT NAVAL	Mother's Name: MANJU	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: हर्षित कुमावत
--

Address: B-204, Shiv Shakti CHS Sector-2, Airoli Navi Mumbai - 400708

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

Telephone no.: 27790331	Mobile no: 919321130823	Email : hkumawat229@gmail.com
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DOB: Nov 27, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668681 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265002	Eligibility Status: Eligible	Examination form No.: 095223 	Division/Section: A	Roll No.: 28	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOSHI VIDUR KIRTI	Mother's Name: LATA	Gender: Male
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Name in Vernacular Language: विदुर किरती

Address: B/503, Sudhir Tower Near Shanti Industries, S.N. Road Mulund West

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

Telephone no.:	Mobile no: 919768419454	Email : vidurj43@gmail.com
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DOB: Oct 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668675 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265017	Eligibility Status: Eligible	Examination form No.: 095224 	Division/Section: A	Roll No.: 61	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR UDAY KANTILAL	Mother's Name: NIRMALA	Gender: Male
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Name in Vernacular Language: ठक्कर उदय कांतिलाल

Address: VIVEKANAND WARD NEAR HANUMAN TEMPLE BALLARPUR

City: BALLARPUR, Taluka: Ballarpur, District: Chandrapur, State: Maharashtra, PIN: 442701

Telephone no.:	Mobile no: 919604430600	Email : gopalt353@gmail.com
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DOB: Jul 19, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668709 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265033	Eligibility Status: Eligible	Examination form No.: 095225 	Division/Section: C	Roll No.: 201	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH JEEL SANJAY	Mother's Name: AMITA	Gender: Female
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Name in Vernacular Language: शाह जिळ संजय

Address: ASHOK NAGAR 20/B, 1ST FLOOR, R.NO.102

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

Telephone no.:	Mobile no: 919764559063	Email : jeelshah12121999@gmail.com
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DOB: Dec 12, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668632 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265041	Eligibility Status: Provisional	Examination form No.: 095226 	Division/Section: C	Roll No.: 174
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOSHI DHARMITA DHARMENDRA	Mother's Name: SANGEETA	Gender: Female
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Name in Vernacular Language: Dharmita Joshi

Address: 230 BG, Scheme number- 74C Near Sica School 54 Vijay Nagar

City: Indore, Taluka: Vijay Nagar, District: Indore, State: Madhya Pradesh, PIN: 452010

Telephone no.:	Mobile no: 919827744428	Email : dharmitajoshi4@gmail.com
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DOB: Jun 22, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668610 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Shivani

PRN: 2017016401265056	Eligibility Status: Provisional	Examination form No.: 095227 	Division/Section: B	Roll No.: 77
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ABHANGE SHIVANI RAVINDRA	Mother's Name: MADHAVI	Gender: Female
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Name in Vernacular Language: अभंगे शिवानी रवींद्र

Address: room no 539 behind fatima church vandrapada

City: AMBERNATH, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421501

Telephone no.:	Mobile no: 917798641735	Email : shivaniabhange7@gmail.com
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DOB: Sep 15, 1998	Category: Reserved (VJ/DT(A))	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668714 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265064	Eligibility Status: Eligible	Examination form No.: 095228 	Division/Section: A	Roll No.: 6
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: CHAVAN DEVESH RAJESH	Mother's Name: POOJA	Gender: Male
Name in Vernacular Language: देवेश		
Address: 301/A Maitri Chandan, Maitri Vatika, Parsik Nagar Kalwa (W) Thane		
City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605		
Telephone no.: 91	Mobile no: 919820433552	Email : saiart123@gmail.com
DOB: Jan 07, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668655 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265072	Eligibility Status: Eligible	Examination form No.: 095229 	Division/Section: B	Roll No.: 111
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAWAR HARSHAL CHANDRAKANT	Mother's Name: ANITA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: पवार हर्शल चंद्रकांत

Address: 28/28,KAMRAJ NAGAR, V.N.ROAD GHATKOPAR EAST MUMBAI MAHARASHTRA 400077
--

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

Telephone no.:	Mobile no: 918268523536	Email : instituterajcomputer@gmail.com
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DOB: Jul 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0652799 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265087	Eligibility Status: Eligible	Examination form No.: 095230 	Division/Section: C	Roll No.: 209	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHETTY SOWPARNIKA MANJUNATHA	Mother's Name: SUNANDA	Gender: Female
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Name in Vernacular Language: शेटी सोवपर्णिका मंजुनाथ

Address: 704, SHREE KALASH CHS, PLOT NO.10 SECTOR. 19, KAMOTHE, NAVI MUMBAI.

City: NAVI MUMBAI, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410209

Telephone no.:	Mobile no: 919769734622	Email : sowparnika.shetty99@gmail.com
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DOB: May 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668639 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and 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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265095	Eligibility Status: Eligible	Examination form No.: 095231 	Division/Section: C	Roll No.: 160	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DOSHI HINAL JAYESH	Mother's Name: DHARMISTHA	Gender: Female
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Name in Vernacular Language: दोशी हिनल जयेश

Address: 9, Sandhaya Shankar Sant Namdev Path Gograwswadi, Dombivli (East).

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

Telephone no.:	Mobile no: 919022584791	Email : doshi26hinal@gmail.com
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DOB: Dec 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV (Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668596 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ; Th-CA []
2	86002	International Finance	Th-UA [] ; Th-CA []
3	86008	Project Management	Th-UA [] ; Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ; Th-CA []
5	86017	Indirect Taxes	Th-UA [] ; Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ; Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265106	Eligibility Status: Eligible	Examination form No.: 095232 	Division/Section: B	Roll No.: 102
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MARU VIDHI KIRAN	Mother's Name: MINAXI	Gender: Female
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Name in Vernacular Language: Maru vidhi kiran

Address: 204,bhavik apt A-wing 2nd floor Kopar road Near south Indian school shashtri nagar

City: dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202
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Telephone no.: 2493278	Mobile no: 919967349986	Email : krinamaru73@gmail.com
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DOB: Jun 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668738 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Maru

PRN: 2017016401265114	Eligibility Status: Eligible	Examination form No.: 095233 	Division/Section: A	Roll No.: 37
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MARU BHAKTI KETAN	Mother's Name: BHAVNA	Gender: Female
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Name in Vernacular Language: मारु भक्ती केतन

Address: Z-603, NAVNEET NAGAR DESLEPADA DOMBIVLI (EAST)

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421204

Telephone no.:	Mobile no: 917718904722	Email : bhakti.k.maru@gmail.com
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DOB: Jun 30, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668685 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and 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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265122	Eligibility Status: Eligible	Examination form No.: 095234 	Division/Section: A	Roll No.: 13
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DESAI UDITA VINOD	Mother's Name: JAYSHREE	Gender: Female
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Name in Vernacular Language: देसाई उदिता विनोद

Address: BLDG NO. 2/303 A WING TILAK NAGAR SHRMIK CHS TILAK NAGAR CHEMBUR MUMBAI-400089

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

Telephone no.: 25271870 Mobile no: 919619446877 Email : uditadesai28@gmail.com

DOB: Jul 28, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668662 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

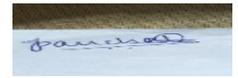
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265137	Eligibility Status: Eligible	Examination form No.: 095235 	Division/Section: B	Roll No.: 107
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: PANCHAL JEENAL YOGESH	Mother's Name: DAKSHA	Gender: Female
Name in Vernacular Language: पंचाल जिनल योगेश		
Address: 64/3165 ABHIRUCHI CHS VARTAK NAGAR, POKHRAN ROAD-1 THANE (W)-400606		
City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400606		
Telephone no.:	Mobile no: 918779249354	Email : jeenalpanchal99@gmail.com
DOB: Oct 20, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668743 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Payal

PRN: 2017016401265145	Eligibility Status: Provisional	Examination form No.: 095236 	Division/Section: C	Roll No.: 190
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: OBEROI PAYAL RAMESH	Mother's Name: GEETA	Gender: Female
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Name in Vernacular Language: ओबेरॉय पायल रमेश

Address: BLDG NO.12,ROOM NO.556, PUNJABI COLONY,G.T.B NAGAR, SION,MUMBAI-400037

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400037

Telephone no.: Mobile no: 918080471940 Email : payal.oberoi7@gmail.com

DOB: Jun 28, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668624 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee 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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Parshita

PRN: 2017016401265153	Eligibility Status: Eligible	Examination form No.: 095237 	Division/Section: A	Roll No.: 64
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HARSHITA RAJAGOPAL	Mother's Name: SUSHILA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: हर्षिता राजगोपाल

Address: 402 Clanfield Lokhandwala Andheri west

City: Mumbai, Taluka: Andheri, District: Mumbai Suburban, State: Maharashtra, PIN: 400053

Telephone no.:	Mobile no: 918655742068	Email : harshu.rajagopal0@gmail.com
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DOB: Sep 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668695 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265161	Eligibility Status: Eligible	Examination form No.: 095238 	Division/Section: A	Roll No.: 57	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SUTHAR RAHUL MADANLAL	Mother's Name: SANTOSH	Gender: Male
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Name in Vernacular Language: SUTHAR RAHUL MADANLAL
--

Address: A-12,THREE STAR CHS,CHHEDA NAGAR,CHEMBUR MUMBAI,400089 A-12,THREE STAR CHS,CHHEDA NAGAR,CHEMBUR MUMBAI,400089
--

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

Telephone no.:	Mobile no: 918879217807	Email : virat18.ms@gmail.com
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DOB: Aug 19, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668705 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265176	Eligibility Status: Eligible	Examination form No.: 095239 	Division/Section: A	Roll No.: 16	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DIVYA SUBHASH GADA	Mother's Name: PRITI	Gender: Female
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Name in Vernacular Language: divya

Address: krishna mira apt 4th floor room no. 403 mahagiri thane(west)

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 919819392530	Email : divyagada99@gmail.com
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DOB: Dec 17, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668665 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265184	Eligibility Status: Eligible	Examination form No.: 095240 	Division/Section: A	Roll No.: 53	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH YASH ASHISH	Mother's Name: PRITI	Gender: Male
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Name in Vernacular Language:yash

Address: A/3, Ganesh Krupa RHB Road Mulund West, mumbai 80
--

City: Mumbai, Taluka: , District: Mumbai Suburban, State: Maharashtra, PIN: 400080
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Telephone no.: 25619093	Mobile no: 919224262682	Email : shahyashashish@gmail.com
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DOB: Nov 10, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668701 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265192	Eligibility Status: Eligible	Examination form No.: 095241 	Division/Section: B	Roll No.: 109	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAREEK ANURADHA SATYANARAYAN	Mother's Name: SUSHEELA	Gender: Female
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Name in Vernacular Language: अनुराधा सत्यनारायण पारिक

Address: B 26/13 Someshwar CHS MG complex, sector 14 Vashi
--

City: Navi Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703
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Telephone no.:	Mobile no: 917303031223	Email : ravipareek.in@gmail.com
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DOB: Sep 29, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668745 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Kaishna

PRN: 2017016401265203	Eligibility Status: Eligible	Examination form No.: 095242 	Division/Section: C	Roll No.: 203
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SHAH KRISHNA SANJAY	Mother's Name: RINKU	Gender: Female
Name in Vernacular Language: शाह कृष्णा संजय		
Address: 2/A, PARAS BUILDING 60 FEET ROAD, DERASAR LANE GHATKOPAR EAST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077		
Telephone no.: 25014861	Mobile no: 919619873898	Email : krishnashah25344@gmail.com
DOB: Mar 25, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668633 (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	86001	Operation Research	Th-UA [] ; Th-CA []
2	86002	International Finance	Th-UA [] ; Th-CA []
3	86008	Project Management	Th-UA [] ; Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ; Th-CA []
5	86017	Indirect Taxes	Th-UA [] ; Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ; Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Paprajain

PRN: 2017016401265211	Eligibility Status: Provisional	Examination form No.: 095243 	Division/Section: C	Roll No.: 171
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN RAJVI DEVICHAND	Mother's Name: SUJATA	Gender: Female
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Name in Vernacular Language: राजवी

Address: B/35/7 SOMESHWAR COOP HOUSING SOC MAHATMA GANDHI COMPLEX

City: NAVI MUMBAI, Taluka: , District: Thane, State: Maharashtra, PIN: 400703

Telephone no.:	Mobile no: 919825019917	Email : darshan2282@gmail.com
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DOB: Apr 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668607 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Jill Vinod

PRN: 2017016401265226	Eligibility Status: Eligible	Examination form No.: 095244 	Division/Section: C	Roll No.: 162
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GADA JILL VINOD	Mother's Name: JAYASHREE	Gender: Female
--	--------------------------	----------------

Name in Vernacular Language: गडा जिल विनोद

Address: 1, PLOT NO.2, ROOPALI CHS LTD., S.N.MEHTA MARG, NEW MANIKLAL ESTATE GHATKOPAR (WEST) MUMBAI

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

Telephone no.:	Mobile no: 918097946454	Email : jillgada123@gmail.com
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DOB: Jul 01, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668598 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Ratnes

PRN: 2017016401265234	Eligibility Status: Eligible	Examination form No.: 095245 	Division/Section: A	Roll No.: 25
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAISWAR RATNESHKUMAR RAJARAM	Mother's Name: USHADEVI	Gender: Male
---	-------------------------	--------------

Name in Vernacular Language: जैस्वार रत्नेशकुमार राजाराम

Address: M.N.DESAI CHAWL, R.B. KADAM MARG, NEAR ASHOK FLOUR MILL, GHATKOPAR

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

Telephone no.:	Mobile no: 918828900692	Email : ratnesjaiswar08@gmail.com
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DOB: Aug 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668673 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ; Th-CA []
2	86003	Brand Management	Th-UA [] ; Th-CA []
3	86006	Retail Management	Th-UA [] ; Th-CA []
4	86009	International Marketing	Th-UA [] ; Th-CA []
5	86012	Media Planning and Management	Th-UA [] ; Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ; Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265242	Eligibility Status: Provisional	Examination form No.: 095246 	Division/Section: A	Roll No.: 56	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SURANA VIDHI RAVINDRA	Mother's Name: DEEPA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: सुराणा विधी रवींद्र
--

Address: 205,CAIRO,SKYLINE OASIS PREMIER ROAD GHATKOPAR WEST
--

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

Telephone no.:	Mobile no: 918655729496	Email : vidhis58@gmail.com
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DOB: Feb 23, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668704 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and 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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Rupali

PRN: 2017016401265257	Eligibility Status: Eligible	Examination form No.: 095247 	Division/Section: C	Roll No.: 181
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MELWANI RUPALI BHARAT	Mother's Name: SNEHA	Gender: Female
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Name in Vernacular Language: मेलवानी रुपाली भारत

Address: MATRUASHISH APARTMENT NEAR FISH MARKET ROOM NO 404 SECTION 38

City: ULHASNAGAR, Taluka: Ulhasnagar, District: Thane, State: Maharashtra, PIN: 421005

Telephone no.:	Mobile no: 917977087851	Email : rupsmelwani@gmail.com
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DOB: Jul 21, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668617 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Mondkar

PRN: 2017016401265265	Eligibility Status: Eligible	Examination form No.: 095248 	Division/Section: C	Roll No.: 183
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: MONDKAR MITHILESH JAYWANT	Mother's Name: SHALAKA	Gender: Male
Name in Vernacular Language: मोंडकर मिथिलेश जयवंत		
Address: ROOM NO 204 WING A SHIVKRUPA CHS PANTNAGAR GAURISHANKAR WADI NO 1		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400075		
Telephone no.:	Mobile no: 919619013293	Email : mithileshmondkar99@gmail.com
DOB: Apr 15, 2000	Category: Reserved (SBC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668619 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265273	Eligibility Status: Provisional	Examination form No.: 095249 	Division/Section: A	Roll No.: 17	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GAMI VIPUL GELABHAI	Mother's Name: LADHI	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: गामी विपुल गेलाभाई

Address: ROOM.NO.101. 1ST FLOOR. L-WING JAI GURUDEV COMPLEX OPP S.S HOSPITAL
--

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

Telephone no.:	Mobile no: 919892325041	Email : vipulgami37@gmail.com
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DOB: Sep 03, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668666 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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BN Doshi

PRN: 2017016401265281	Eligibility Status: Eligible	Examination form No.: 095250 	Division/Section: B	Roll No.: 83
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DOSHI BHAVYA NARESH	Mother's Name: SUDHA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: BHAVYA

Address: B58, SHRI KRISHNA SOCIETY, L.B.S. MARG, VEENA NAGAR BANK OF BARODA COMPOUND

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

Telephone no.: 21644775	Mobile no: 919594914163	Email : bhavyadoshi575@gmail.com
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DOB: Nov 12, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668721 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265296	Eligibility Status: Eligible	Examination form No.: 095251 	Division/Section: A	Roll No.: 55
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SISODIYA VARUN MAHINDRA	Mother's Name: VAISHALI	Gender: Male
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Name in Vernacular Language: वरुन सिसोदिया

Address: H1-303 Kharghar valley shiip Sector-36

City: Kharghar, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410210

Telephone no.:	Mobile no: 919702004411	Email : mahindrasisodiya@gmail.com
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DOB: May 17, 1999	Category: Reserved (VJ/DT(A))	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668703 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

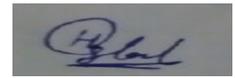
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265307	Eligibility Status: Eligible	Examination form No.: 095252 	Division/Section: C	Roll No.: 200
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SHAH HEMANSHI KETAN	Mother's Name: DIMPLE	Gender: Female
Name in Vernacular Language: शाह हेमंशी केतन		
Address: 23, Kalpvruksh, 1st floor, blockno.102 K.A.S road near S.I.E.S SCHOOL, King'scircle, MUMBAI-400019		
City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400019		
Telephone no.: 24015196	Mobile no: 919819195196	Email : hemanshishah123@gmail.com
DOB: Oct 31, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668631 (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	86001	Operation Research	Th-UA [] ; Th-CA []
2	86002	International Finance	Th-UA [] ; Th-CA []
3	86008	Project Management	Th-UA [] ; Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ; Th-CA []
5	86017	Indirect Taxes	Th-UA [] ; Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ; Pw-CA []

Convocation Fee	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):

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	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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265315	Eligibility Status: Eligible	Examination form No.: 095253 	Division/Section: B	Roll No.: 118	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SALUNKE KRUTIKA VIJAY	Mother's Name: KIRTI	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: कृतिका

Address: 2/9, Chand niwas, Shivaji nagar, Shivaji nagar, Tembhi pada road, Bhandup (W). 400078
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City: Bhandup, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078

Telephone no.:	Mobile no: 918451086426	Email : kru.salunke@gmail.com
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DOB: Jan 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668752 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265323	Eligibility Status: Eligible	Examination form No.: 095254 	Division/Section: A	Roll No.: 22
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN DHRUV DILIP	Mother's Name: TARA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: dhruv

Address: 501,om prakash apartment kisan nagar no.2 wagle estate

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604
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Telephone no.:	Mobile no: 918691821192	Email : dhruvdhoka17@gmail.com
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DOB: Dec 17, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668670 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265331	Eligibility Status: Eligible	Examination form No.: 095255 	Division/Section: A	Roll No.: 21	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN AYUSH LALIT	Mother's Name: KRISHNA	Gender: Male
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Name in Vernacular Language: जैन आयुष्य ललित

Address: 305 cairo skyline oasis premier road

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

Telephone no.:	Mobile no: 918655606020	Email : jainayush804@gmail.com
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DOB: Oct 13, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668669 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Hiral

PRN: 2017016401265346	Eligibility Status: Eligible	Examination form No.: 095256 	Division/Section: A	Roll No.: 62
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKER HIRAL JAGDISH	Mother's Name: SHEETAL	Gender: Female
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Name in Vernacular Language: ठक्कर हिरल जगदीश

Address: A/901, Lotus Hillview, Ansals Whispering Meadows, Balrajeshwar road Mulund (w), Mumbai

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

Telephone no.: 21641111	Mobile no: 918097887777	Email : hiralthakker1999@gmail.com
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DOB: Jul 14, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668710 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Yerunkar

PRN: 2017016401265354	Eligibility Status: Eligible	Examination form No.: 095257 	Division/Section: C	Roll No.: 218
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: YERUNKAR YASH PRATAP	Mother's Name: SONIYA	Gender: Male
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Name in Vernacular Language: यश

Address: A9 Ground floor Sunita cooperative Society Tilak road
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City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400603
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Telephone no.:	Mobile no: 917900151274	Email : yerunkaryash89@gmail.com
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DOB: Oct 17, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668648 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265377	Eligibility Status: Eligible	Examination form No.: 095258 	Division/Section: A	Roll No.: 40	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MOTIWALA MOHD TAUFIQUE MOHD FAROOQ	Mother's Name: ZAINAB	Gender: Male
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Name in Vernacular Language: मोतीवाला मोहद तौफिक मोहद फारूक

Address: A,103,SULTANA APT DADI COLONY,AMRUT NAGER, THANE,MUMBRA

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

Telephone no.: 022	Mobile no: 918097790804	Email : motiwalaaved07@gmail.com
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DOB: Mar 15, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668688 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265385	Eligibility Status: Eligible	Examination form No.: 095259 	Division/Section: A	Roll No.: 27
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JETHVA DEVANSH NARESHKUMAR	Mother's Name: ARTI	Gender: Male
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Name in Vernacular Language: JETHVA DEVANSH

Address: A/2, TRIMURTI BLDG, ELCHIWADI M.G. ROAD, GHATKOPAR W

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 919967472521	Email : devanshjethva@gmail.com
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DOB: Oct 24, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 910096 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ; Th-CA []
2	86003	Brand Management	Th-UA [] ; Th-CA []
3	86006	Retail Management	Th-UA [] ; Th-CA []
4	86009	International Marketing	Th-UA [] ; Th-CA []
5	86012	Media Planning and Management	Th-UA [] ; Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ; Pw-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):

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	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Dhvani

PRN: 2017016401265393	Eligibility Status: Eligible	Examination form No.: 095260 	Division/Section: C	Roll No.: 186
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: NAGDA DHVANI NAVIN	Mother's Name: MADHU	Gender: Female
Name in Vernacular Language: DHVANI		
Address: ARUN NIWAS ,ROAD NO .3 FLAT NO.14, 3RD FLOOR CHEMBUR EAST.		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400071		
Telephone no.: 25222350	Mobile no: 919004673686	Email : dhvaninagda14@gmail.com
DOB: Sep 19, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668621 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Bhanot

PRN: 2017016401265404	Eligibility Status: Provisional	Examination form No.: 095261 	Division/Section: C	Roll No.: 155
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANOT NIDHI NIRDOSH	Mother's Name: NISHA	Gender: Female
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Name in Vernacular Language: निधी भानोट

Address: B/39 Prem Nagar Kopri Colony Thane East

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400603

Telephone no.:	Mobile no: 918828444002	Email : nidhibhanot06@gmail.com
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DOB: Apr 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668592 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265412	Eligibility Status: Eligible	Examination form No.: 095262 	Division/Section: A	Roll No.: 29	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN MUSKAN MOBIN	Mother's Name: SHAKILA	Gender: Female
-----------------------------------	------------------------	----------------

Name in Vernacular Language: MUSKAN

Address: C-109 sagar apartments near city hospital f.p.p road kurla (w)

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

Telephone no.: 25034510	Mobile no: 919757133058	Email : mosink440@gmail.com
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DOB: Dec 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668676 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Karan A. Tanna

PRN: 2017016401265427	Eligibility Status: Eligible	Examination form No.: 095263 	Division/Section: A	Roll No.: 58
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: TANNA KARAN ANAND	Mother's Name: MAMTA	Gender: Male
Name in Vernacular Language: कऱण करण अणंद		
Address: A 301, LOTUS HILL VIEW CHS LTD MODEL TOWN, B.R. ROAD MULUND WEST		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080		
Telephone no.: 21649087	Mobile no: 919769733225	Email : karantanna97@gmail.com
DOB: Apr 22, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668706 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265443	Eligibility Status: Eligible	Examination form No.: 095264 	Division/Section: B	Roll No.: 103
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MAURYA PALLAVI RAMDHIRAJ	Mother's Name: KAUSHALYA DEVI	Gender: Female
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Name in Vernacular Language: मौर्य पल्लवी रांधिराज

Address: INDIRA NAGAR NEAR HANUMAN MANDIR DR C G ROAD CHEMBUR COLONY MUMBAI

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

Telephone no.:	Mobile no: 918108496061	Email : mauryapallavi24@gmail.com
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DOB: May 21, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668739 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Samir

PRN: 2017016401265451	Eligibility Status: Eligible	Examination form No.: 095265 	Division/Section: B	Roll No.: 122
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH MOHAMMED SAMEER MOHD ZAFAR	Mother's Name: SHAHEDA	Gender: Male
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Name in Vernacular Language: शाह मुहम्मद समीर मुहम्मद जफर

Address: plot no 17 room no 1122 lotus colony

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

Telephone no.:	Mobile no: 919702973217	Email : shahsamir981@gmail.com
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DOB: Nov 04, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668754 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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(Handwritten signature)

PRN: 2017016401265466	Eligibility Status: Eligible	Examination form No.: 095266 	Division/Section: A	Roll No.: 38
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA PURVI HEMANT	Mother's Name: SHARMILA	Gender: Female
---	-------------------------	----------------

Name in Vernacular Language: मेहता पूर्वी हेमंत

Address: ROOM N O 801 TANISHQ HEIGHTS OGHADBHAI LANE GHATKOPAR EAST

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

Telephone no.: Mobile no: 919819457321 Email : purvimehta2000@redifmail.com

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668686 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee 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, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265474	Eligibility Status: Eligible	Examination form No.: 095267 	Division/Section: C	Roll No.: 191	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AJAY MOTILAL OZA	Mother's Name: INDRADEVI	Gender: Male
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Name in Vernacular Language: AJAY

Address: 3/54, madanlal bohra market near niramay hospital, ichalkaranji
--

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

Telephone no.: 2421110	Mobile no: 918380815476	Email : ajayoza74@gmail.com
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DOB: Dec 23, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668625 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265497	Eligibility Status: Eligible	Examination form No.: 095268 	Division/Section: C	Roll No.: 206
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SHAH SAKSHI JITENKUMAR	Mother's Name: LATA	Gender: Female
Name in Vernacular Language: SAKSHI		
Address: D-503 SHRINATHDHAM CHS LBS MARG BHANDUP (W)		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078		
Telephone no.:	Mobile no: 918149109052	Email : sakshis99@yahoo.co.in
DOB: Nov 18, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668636 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Param

PRN: 2017016401265501	Eligibility Status: Provisional	Examination form No.: 095269 	Division/Section: A	Roll No.: 52
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH PARAM DIVYESH	Mother's Name: ALPA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: शाह परम दिव्येश
--

Address: B/ 15 kakad niketan derasar lane ghatkopar(east)

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

Telephone no.:	Mobile no: 917506787856	Email : paramdshah101999@gmail.com
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DOB: Oct 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668700 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265516	Eligibility Status: Provisional	Examination form No.: 095270 	Division/Section: B	Roll No.: 120	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAWANT PRATIK DEEPAK	Mother's Name: RADHIKA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: प्रतिक दिपक सावंत

Address: new manikalal estate g-3,shalimar apartment,s.n mehta marg, ghatkopar(w),mumbai-400084

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

Telephone no.:	Mobile no: 919930375110	Email : theoneucannotbemf@gmail.com
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DOB: Mar 30, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668753 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265524	Eligibility Status: Eligible	Examination form No.: 095271 	Division/Section: A	Roll No.: 50	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NIKET YUVRAJ SHAH	Mother's Name: NAYANA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: निकेत युवराज शाह

Address: 8TH LANE AZAD ROAD JAYSINGPUR SAME AS ABOVE

City: JAYSINGPUR, Taluka: Shirol, District: Kolhapur, State: Maharashtra, PIN: 416101

Telephone no.:	Mobile no: 919403355599	Email : niketyuvrajshah@yahoo.com
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DOB: Aug 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668698 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265532	Eligibility Status: Provisional	Examination form No.: 095272 	Division/Section: C	Roll No.: 170	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN KRITIKA MANOJKUMAR	Mother's Name: MADHVI	Gender: Female
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Name in Vernacular Language: कृतिका जैन

Address: 331 media times apt abhay khand-4 indrapuram ghaziabad

City: ghaziabad, Taluka: indrapuram, District: Ghaziabad, State: Uttar Pradesh, PIN: 201010

Telephone no.:	Mobile no: 919811359155	Email : ikritika2808@gmail.com
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DOB: Nov 28, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668606 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 201701640126555	Eligibility Status: Provisional	Examination form No.: 095273 	Division/Section: C	Roll No.: 217
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SINGH APAAR TUTEJA DAVINDER	Mother's Name: SUSHMIT	Gender: Male
Name in Vernacular Language: apaar		
Address: GSM SHANKAR MANDIR ROAD NEAR AGROHA BHAWAN		
City: RAIGARH, Taluka: Raigarh, District: Raigarh, State: Chhattisgarh, PIN: 496001		
Telephone no.: 222447	Mobile no: 917879781215	Email : shloktuteja1998@gmail.com
DOB: Nov 09, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0652801 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

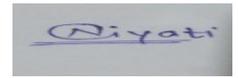
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265563	Eligibility Status: Provisional	Examination form No.: 095274 	Division/Section: B	Roll No.: 100
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: KOTHARI NIYATI RAJIV	Mother's Name: KEERA	Gender: Female
Name in Vernacular Language: कोठारी नियती राजीव		
Address: B/24, EVERGREEN CHS PHADKE CROSS RD, DOMBIVLI (EAST)		
City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 919833584941	Email : itsniyati@yahoo.com
DOB: Jan 30, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668735 (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	86001	Operation Research	Th-UA [] ; Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ; Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ; Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ; Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ; Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ; Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265586	Eligibility Status: Eligible	Examination form No.: 095275 	Division/Section: C	Roll No.: 198
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAY TANUSHREE GOLOK	Mother's Name: BANDANA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: RAY TANUSHREE GOLOK
--

Address: ROOM NO.706,SAI GANESH SADGURU KRUPA COOPERATIVE SOCIETY, SAIVIHAR, (T.P) ROAD, BHANDUP WEST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078
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Telephone no.:	Mobile no: 917718916143	Email : tanuray1999@gmail.com
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DOB: Jun 23, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668629 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Vishal

PRN: 2017016401265594	Eligibility Status: Provisional	Examination form No.: 095276 	Division/Section: B	Roll No.: 78
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHADRA VISHAL ANIL	Mother's Name: HANSA	Gender: Male
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Name in Vernacular Language: भद्रा विशाल अनिल

Address: B-11, NEW SANGEETA APRT., 7 TH ROAD, RAJAWADI, GHATKOAR EAST

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

Telephone no.:	Mobile no: 919773015037	Email :
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DOB: Sep 03, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668715 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265605	Eligibility Status: Provisional	Examination form No.: 095277 	Division/Section: A	Roll No.: 3	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHUNIA GOVIND NARAYAN	Mother's Name: MITTHU	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: भूनिया गोविंद नारायण

Address: room no- 2, kurkute chawl, ganesh marg, near sai baba mandir, tagore nagar, vikhroli(E),MUMBAI 400083
--

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

Telephone no.:	Mobile no: 918767960528	Email : govindbhunia@gmail.com
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DOB: Aug 22, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668652 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265613	Eligibility Status: Provisional	Examination form No.: 095278 	Division/Section: A	Roll No.: 8
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHHEDA NAYAN PANKAJ	Mother's Name: MANJULA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: छेडा नयन पंकज
--

Address: 32/33, 3RD FLOOR, TULSHI BHAVAN, RHB ROAD, MULUND WEST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 919820270568	Email :
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DOB: Oct 14, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668657 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Karia

PRN: 2017016401265621	Eligibility Status: Provisional	Examination form No.: 095279 	Division/Section: B	Roll No.: 96
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KARIA VISAJ AJAY	Mother's Name: NEETA	Gender: Male
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Name in Vernacular Language: करिआ विसेज अजय

Address: B-502, CREATIVE TOWER, OPP. SANSKAR DHAM, LAL CHOWKI, KALYAN WEST

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

Telephone no.:	Mobile no: 918655612741	Email :
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DOB: Jul 10, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668731 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265636	Eligibility Status: Provisional	Examination form No.: 095280 	Division/Section: B	Roll No.: 126
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGH SMRITI BALBIR	Mother's Name: UPASNA	Gender: Female
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Name in Vernacular Language:समीती सिंग

Address: tulip-1302, jalvayu vihar phase-1 sector-20, kharghar

City: navi mumbai, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410210

Telephone no.:	Mobile no: 919619731529	Email : upasnagaur75@gmail.com
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DOB: Nov 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 2017016401265636 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265644	Eligibility Status: Provisional	Examination form No.: 095281 	Division/Section: C	Roll No.: 215
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKER VIDHI JIGNESH	Mother's Name: ASHA	Gender: Female
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Name in Vernacular Language: ठक्कर विधी जिग्नेश

Address: 1 yamuna niwas, gupte road

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

Telephone no.:	Mobile no: 918655783285	Email : vidhithakker2480@gmail.com
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DOB: Apr 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668646 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265652	Eligibility Status: Provisional	Examination form No.: 095282 	Division/Section: C	Roll No.: 214
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANAN BINOY THAKKAR	Mother's Name: ANJANA	Gender: Male
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Name in Vernacular Language: મનન બિનોય THAKKAR

Address: B 34 ADITYA NAGAR SOCIETY BHADKODRA ANKLESHWAR

City: ANKLESHWAR, Taluka: Ankleshwar, District: Bharuch, State: Gujarat, PIN: 393002

Telephone no.: 254225 Mobile no: 919377442559 Email : binoy2105@rediffmail.com

DOB: Nov 02, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668645 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee 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, The Controller of Examination,

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

Place: **Vidyavihar**
Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265675	Eligibility Status: Eligible	Examination form No.: 095283 	Division/Section: C	Roll No.: 156	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AVANI MAHESH BHANUSHALI	Mother's Name: LEENA	Gender: Female
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Name in Vernacular Language: अवंशी महेश भानुशाली

Address: ROSEMARY APPARTMENT PLOT NO 215 ,ROOM NO 301. SECTOR 28 ,VASHI ,NAVIMUMBAI

City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703

Telephone no.:	Mobile no: 919819782873	Email : avanibhanushali12384@gmail.com
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DOB: Jun 11, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668593 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	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.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Nirali

PRN: 2017016401265683	Eligibility Status: Eligible	Examination form No.: 095284 	Division/Section: A	Roll No.: 01
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANSALI NIRALI DEEPAK	Mother's Name: TEJAL	Gender: Female
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Name in Vernacular Language: निरालि भस्माली

Address: B-46, CHHADVA NAGAR, MATCH FACTORY LANE KURLA WEST

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

Telephone no.:	Mobile no: 917666077721	Email : niralinutty@gmail.com
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DOB: Sep 17, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668650 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Siddhesh

PRN: 2017016401265702	Eligibility Status: Eligible	Examination form No.: 095285 	Division/Section: B	Roll No.: 85
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GAVHANE SIDDHESH DATTATRAY	Mother's Name: SANGITA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: MARATHI

Address: B-10 43,3:1 DATTA GURUNAGAR SEC-15

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

Telephone no.: 27654404	Mobile no: 919967278742	Email : siddheshgavhane11@gmail.com
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DOB: Apr 11, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668722 (Status: ATKT)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265717	Eligibility Status: Provisional	Examination form No.: 095286 	Division/Section: A	Roll No.: 65	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ANAND MAANASA PADMANABA	Mother's Name: GEETHA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: मानसा

Address: Sumac 803, Rosewood Heights, Sector 10 Plot 270, Kharghar

City: Navi Mumbai, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410210

Telephone no.:	Mobile no: 919167330827	Email : maanasaanand@gmail.com
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DOB: May 17, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668649 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ; Th-CA []
2	86003	Brand Management	Th-UA [] ; Th-CA []
3	86006	Retail Management	Th-UA [] ; Th-CA []
4	86009	International Marketing	Th-UA [] ; Th-CA []
5	86012	Media Planning and Management	Th-UA [] ; Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ; Pw-CA []

Convocation Fee	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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265725	Eligibility Status: Eligible	Examination form No.: 095287 	Division/Section: C	Roll No.: 169	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN JEET KAILASH	Mother's Name: BHAVANA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: जैन जीत कैलास

Address: A103, Snow White Apt, Near Ganesh Mandir Khopat, Hans Nagar, Thane (W)

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

Telephone no.:	Mobile no: 918291011539	Email : jjeet197@gmail.com
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DOB: May 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668605 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265733	Eligibility Status: Eligible	Examination form No.: 095288 	Division/Section: C	Roll No.: 185	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NADAR SHRIPRIYA CHELLADURAI	Mother's Name: ANNALAKSHMI	Gender: Female
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Name in Vernacular Language: नदार श्रीप्रिया चेल्लदुरै

Address: ROOM NO.11,CHAWL NO.8 JAI DURGA MATA CHAWL, KAMRAJ NAGAR GHATKOPAR EAST , MUMBAI - 400077

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

Telephone no.: Mobile no: 919619899471 Email : shripriyanadar29@gmail.com

DOB: Dec 19, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 910105 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee	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, The Controller of Examination,

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

Place: **Vidyavihar**
Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265756	Eligibility Status: Eligible	Examination form No.: 095289 	Division/Section: B	Roll No.: 131
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NIDHI PARESH VED	Mother's Name: SONAL	Gender: Female
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Name in Vernacular Language: निधी परेश ved
--

Address: 193/5351 sugam-a apartments pantnagar ghatkopar-east mumbai
--

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

Telephone no.: 25014358	Mobile no: 919004987332	Email : nidhipved@gmail.com
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DOB: Jun 09, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 910104 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265764	Eligibility Status: Eligible	Examination form No.: 095290 	Division/Section: B	Roll No.: 116	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DISHITA AMISH RAJA	Mother's Name: RADHA	Gender: Female
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Name in Vernacular Language: dishita

Address: 1503, A Wing, Vijay Residency, Kavesar Near Vijay Garden, Ghodbunder Road, Thane-West
--

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400615
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Telephone no.:	Mobile no: 919823077202	Email : amish.raja@gmail.com
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DOB: Nov 29, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0652800 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265772	Eligibility Status: Provisional	Examination form No.: 095291 	Division/Section: B	Roll No.: 98	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN TALIB SIRAJUDDIN	Mother's Name: RUKHSANA	Gender: Male
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Name in Vernacular Language: talib

Address: House No. 1709, Ward No. 13 New Colony, Khanpura Near PO HMT

City: Ajmer, Taluka: Ajmer, District: Ajmer, State: Rajasthan, PIN: 305003
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Telephone no.:	Mobile no: 919468946871	Email : talib30july@gmail.com
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DOB: Dec 12, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668733 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Roshan

PRN: 2017016401265787	Eligibility Status: Eligible	Examination form No.: 095292 	Division/Section: A	Roll No.: 54
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGH ROSHAN RAMNARAYAN	Mother's Name: RITADEVI	Gender: Male
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Name in Vernacular Language: सिंग रोशन रामनारायण
--

Address: HIRABAUG KAMAWADI DR C G ROAD CHEMBUR MUMBAI

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

Telephone no.:	Mobile no: 918767152528	Email : roshansingh@gmail.com
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DOB: Oct 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668702 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Vedika Anand

PRN: 2017016401265795	Eligibility Status: Provisional	Examination form No.: 095293 	Division/Section: C	Roll No.: 189
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NATHANI VEDIKA ANAND	Mother's Name: NEETA	Gender: Female
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Name in Vernacular Language: वेदिका

Address: MOUSUMI- 6B4 15B, BALLYGUNGE CIRCULAR ROAD ELGIN ROAD, BALLYGUNGE S.O

City: KOLKATA, Taluka: KOLKATA, District: , State: West Bengal, PIN: 700019

Telephone no.: Mobile no: 919831608444 Email : nathanivedika2@gmail.com

DOB: Apr 03, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668623 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee	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, The Controller of Examination,

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

	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265806	Eligibility Status: Provisional	Examination form No.: 095294 	Division/Section: C	Roll No.: 172	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAJU HARSH VARDHAN MANOJ KUMAR	Mother's Name: SAROJ DEVI JAJU	Gender: Male
---	--------------------------------	--------------

Name in Vernacular Language: हर्ष वर्धन जाजू
--

Address: tower no.5,flat no.931,soham park,hari om nagar mulund east-400081

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

Telephone no.: 22160438	Mobile no: 919810265102	Email : harsh.vardhan.jaju@gmail.com
-------------------------	-------------------------	--------------------------------------

DOB: Feb 28, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668608 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, 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 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265814	Eligibility Status: Provisional	Examination form No.: 095295 	Division/Section: B	Roll No.: 105	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: MISHRA MUKESH RAMNARAYAN	Mother's Name: SHILA	Gender: Male
Name in Vernacular Language: Mukesh		
Address: Mayfair hillcrest bld. Near poptates restaurent. Vikhroli west mum-79		
City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400079		
Telephone no.:	Mobile no: 919930079688	Email : mukesh22101999@gmail.com
DOB: Sep 22, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668741 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
		Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265822	Eligibility Status: Eligible	Examination form No.: 095296 	Division/Section: C	Roll No.: 178
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: MAYEKAR SUYASH SANTOSH	Mother's Name: MANGAL	Gender: Male
Name in Vernacular Language: मयेकर सुयश संतोष		
Address: ROOM NO 27 BLDG NO F7 GODREJ HILL SIDE COLONY VIKHROLI WEST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079		
Telephone no.:	Mobile no: 919892518516	Email : smayekaruhs@gmail.com
DOB: Mar 16, 1999	Category: Reserved (OBC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668614 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Hitesh H

PRN: 2017016401265837	Eligibility Status: Eligible	Examination form No.: 095297 	Division/Section: C	Roll No.: 151
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: AGARWAL HITESH MUKESH	Mother's Name: MADHU	Gender: Male
Name in Vernacular Language: अग्रवाल हितेश मुकेश		
Address: 104/12 B AGARWAL ASHRAM, PIPE ROAD KURLA WEST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070		
Telephone no.:	Mobile no: 917506625374	Email : hiteshagarwal155@gmail.com
DOB: Dec 25, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668587 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee	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):

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	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265845	Eligibility Status: Eligible	Examination form No.: 095298 	Division/Section: A	Roll No.: 43	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NANDU DARSHI PRAVIN	Mother's Name: JAGRUTI	Gender: Female
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Name in Vernacular Language: darshi

Address: B/15, Ekta Apartment, Charai

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 919867760497	Email : nandudarshi30@gmail.com
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DOB: Nov 30, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668690 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Vrinda

PRN: 2017016401265853	Eligibility Status: Eligible	Examination form No.: 095299 	Division/Section: C	Roll No.: 175
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: BHAGWANI VRINDA MAHESH	Mother's Name: ROMA	Gender: Female
Name in Vernacular Language: भागवानी वृन्दा महेश		
Address: MILLENIUM PARK FLAT NO 103 BLOCK NO 219 ROOM NO 438 OPP SARASWATI HIGH SCHOOL SAMBHAJI CHOWK		
City: ULHASNAGAR, Taluka: Ulhasnagar, District: Thane, State: Maharashtra, PIN: 421004		
Telephone no.:	Mobile no: 919689873739	Email : vinibhagwani12@gmail.com
DOB: Aug 12, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668591 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee	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):

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	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265876	Eligibility Status: Eligible	Examination form No.: 095300 	Division/Section: B	Roll No.: 129	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SONI YAMISHA PRAGNESH	Mother's Name: SHEETAL	Gender: Female
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Name in Vernacular Language: यामीषा सोनी

Address: A2 Nemvihar Murar road Mulund(west), Mumbai-80

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

Telephone no.: 25674731	Mobile no: 917506834652	Email : soniyamisha26@gmail.com
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DOB: Feb 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668761 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401265892	Eligibility Status: Eligible	Examination form No.: 095301 	Division/Section: C	Roll No.: 167	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JADHAV SAKSHI MUKESH	Mother's Name: MRUNAL	Gender: Female
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Name in Vernacular Language: जाधव साक्षी मुकेश

Address: A/701, Gayatri Apartment parsik nagar kharegaon, kalwa

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

Telephone no.:	Mobile no: 917710833212	Email : sakshi10jadhav@gmail.com
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DOB: Jan 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668603 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ; Th-CA []
2	86002	International Finance	Th-UA [] ; Th-CA []
3	86008	Project Management	Th-UA [] ; Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ; Th-CA []
5	86017	Indirect Taxes	Th-UA [] ; Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ; Pw-CA []

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401633577	Eligibility Status: Eligible	Examination form No.: 095302 	Division/Section: B	Roll No.: 91	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOSHI HIRALI PRAGNESH	Mother's Name: ANITA	Gender: Female
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Name in Vernacular Language: जशील हिराली प्रगणेश

Address: A/306, ORBIT TOWER, GARODIA NAGAR, GHATKOPAR EAST,

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

Telephone no.:	Mobile no: 917208877883	Email : hiralij333@gmail.com
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DOB: Oct 03, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668726 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Purvas

PRN: 2017016401658977	Eligibility Status: Eligible	Examination form No.: 095303 	Division/Section: B	Roll No.: 124
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHIRODKAR PURVA RAMKRISHNA SANDHYA	Mother's Name: SANDHYA	Gender: Female
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Name in Vernacular Language: शिरोडकर पूर्वा रामकृष्ण संध्या

Address: C/1, MANOHAR BHAGAT BLDG TUKARAM NAGAR, AYRE ROAD DOMBIVALI EAST

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

Telephone no.: 2881784 Mobile no: 918828024750 Email : PURVARS0602@GMAIL.COM

DOB: Feb 06, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668757 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee 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, The Controller of Examination,

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

Place: **Vidyavihar**
Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401659354	Eligibility Status: Eligible	Examination form No.: 095304 	Division/Section: B	Roll No.: 134
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKUR MANALI SANJAY ALKA	Mother's Name: ALKA	Gender: Female
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Name in Vernacular Language: ठाकुर मनाली संजय अलका

Address: THAKUR COMPOUND SONARPADA DOMBIVLI EAST KALYAN SHILL ROAD THAKUR COMPOUND SONARPADA DOMBIVLI EAST KALYAN SHILL ROAD THAKUR COMPOUND SONARPADA DOMBIVLI EAST KALYAN SHILL ROAD

City: DOMBIVLI, Taluka: KALYAN, District: Thane, State: Maharashtra, PIN: 421204

Telephone no.:	Mobile no: 917045211291	Email : MANALITHAKUR1907@GMAIL.COM
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DOB: Jun 19, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0670995 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401819204	Eligibility Status: Provisional	Examination form No.: 095305 	Division/Section: B	Roll No.: 119	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SANGHAVI MEGHA VIPUL	Mother's Name: CHHAYA	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: संघवी मेघा विपुल

Address: 7 HEM APPARTMENT, M P VAIDYA MARG, TILAK RD, GHATKOPAR EAST

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

Telephone no.:	Mobile no: 919930039790	Email : meghasanghavi12@gmail.com
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DOB: Aug 12, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem II(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0634276 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401819212	Eligibility Status: Provisional	Examination form No.: 095306 	Division/Section: C	Roll No.: 180	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA ZARNA HITESH	Mother's Name: VANDANA	Gender: Female
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Name in Vernacular Language: मेहता झरीना हितेश

Address: 408 doshi wadi opp sarvoday hospital lbs marg ghatkopar west

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

Telephone no.:	Mobile no: 919221110577	Email : zarnamehta66@yahoo.in
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DOB: Dec 18, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668616 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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V.F. Rajawat

PRN: 2017016401819266	Eligibility Status: Provisional	Examination form No.: 095307 	Division/Section: A	Roll No.: 47
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAJAWAT VRUTI KIRAN	Mother's Name: MAMTA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: राजवट वृती किरण

Address: 308 /701 - 702 trikal build 90ft road pant nagar ghatkopar east

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

Telephone no.:	Mobile no: 919004392898	Email : chinurajawat123@gmail.com
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DOB: Jul 10, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668696 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401819282	Eligibility Status: Eligible	Examination form No.: 095308 	Division/Section: A	Roll No.: 18	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARTH GANDHI	Mother's Name: SONAL	Gender: Male
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Name in Vernacular Language: PARTH

Address: ambica shrwagi plot

City: akola, Taluka: Akola, District: Akola, State: Maharashtra, PIN: 444001
--

Telephone no.: 2422436	Mobile no: 917768859437	Email : parthgandhi109@gmail.com
------------------------	-------------------------	----------------------------------

DOB: Jul 01, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 910095 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401819297	Eligibility Status: Provisional	Examination form No.: 095309 	Division/Section: B	Roll No.: 125
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SIMON KEWIN THOMAS	Mother's Name: CHRISTINA	Gender: Male
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Name in Vernacular Language: SIMON KEWIN THOMAS

Address: 302/1, PHASE 5 BRAHMAND GHODBUNDER ROAD THANE WEST OFF GB ROAD

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400607
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Telephone no.:	Mobile no: 918433883183	Email : kewineleven258@gmail.com
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DOB: Mar 13, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668758 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Kajal

PRN: 2017016401819301	Eligibility Status: Eligible	Examination form No.: 095310 	Division/Section: C	Roll No.: 152
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AGRAWAL KAJAL PRADIP	Mother's Name: SAPANA	Gender: Female
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Name in Vernacular Language: अग्रवाल काजल प्रदीप

Address: SAI SUMAN B/603, NEAR RELIANCE FRESH, VIKROLI EAST

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

Telephone no.:	Mobile no: 919702626393	Email : kajalagrawal1912000@gmail.com
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DOB: Jan 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668588 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401819324	Eligibility Status: Eligible	Examination form No.: 095311 	Division/Section: B	Roll No.: 99
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHUDE AMIT SWAROOP	Mother's Name: JYOTI	Gender: Male
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Name in Vernacular Language: खुडे अमित स्वरूप

Address: 109, MANGAL MURTI CHS, BUILDING NO 2B OPP MAHARASHTRA NAGAR, TURBE MANDAL, MANKHURD EAST

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

Telephone no.:	Mobile no: 919768400398	Email : AMITKHUDE05@GMAIL.COM
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DOB: Apr 27, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668734 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016401819332	Eligibility Status: Eligible	Examination form No.: 095312 	Division/Section: C	Roll No.: 157
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI DISHA ANIL	Mother's Name: ARUNA	Gender: Female
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Name in Vernacular Language: भानुशाली दिशा अनिल

Address: 2903, ROSEWOOD BUILDING , TOWER 3, RUNWAL GREENS, NEAR FORTIS HOSPITAL, MULUND GOREGAON LINK ROAD, MULUND WEST, MUMBAI- 400078

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

Telephone no.: Mobile no: 919619699830 Email : dishabhanushali269@gmail.com

DOB: Sep 26, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0668594 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016402306987	Eligibility Status: Provisional	Examination form No.: 095313 	Division/Section: A	Roll No.: 63
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TRIPATHI VAIBHAV OMKAR	Mother's Name: SAROJ	Gender: Male
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Name in Vernacular Language: त्रिपाठी वैभव ओंकार

Address: pestom sagar room no 74 road no 4 behind gupta hotel

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

Telephone no.:	Mobile no: 917045463537	Email : vaibhavtripathi961@gmail.com
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DOB: Feb 24, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668711 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Handwritten signature

PRN: 2017016402306995	Eligibility Status: Provisional	Examination form No.: 095314 	Division/Section: C	Roll No.: 195
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RATHI HARSHITA	Mother's Name: SUNITADEVI	Gender: Female
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Name in Vernacular Language: राठी हर्षिता

Address: Kalpataru Garden, A wing, 304, Behind Oswal Wadi, Anjurphata Giriraj App, B wing, 309, Near Tirupati Hospital, Agra Road

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

Telephone no.:	Mobile no: 918329492279	Email : hdrathi14@gmail.com
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DOB: Oct 29, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 910106 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Payment Details:	Amount Received:	College Receipt No. and 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, 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: 2017016402307004	Eligibility Status: Provisional	Examination form No.: 095315 	Division/Section: A	Roll No.: 34	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LUTHRA ANJALI RAMESH	Mother's Name: SUMAN	Gender: Female
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Name in Vernacular Language: انجلی

Address: 403, 4TH FLOOR, SHIV GANGA APARTMENT OPPOSITE FITNESS WORLD VENUS STATION ROAD

City: ULHASNAGAR, Taluka: Ulhasnagar, District: Thane, State: Maharashtra, PIN: 421004
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Telephone no.:	Mobile no: 919145532395	Email : anjaliluthra@gmail.com
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DOB: Oct 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668682 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016403361551	Eligibility Status: Provisional	Examination form No.: 095316 	Division/Section: B	Roll No.: 90	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: JAISWAR SHRAVAN RAMPRIT	Mother's Name: VIYAKI	Gender: Male
Name in Vernacular Language: जैसवार श्रवण रामप्रित		
Address: NEW BHARAT NAGAR, HASU ADAVANI NAGAR, VASHINAKA MAHUL ROAD, CHEMBUR		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400074		
Telephone no.:	Mobile no: 919768527319	Email :
DOB: May 13, 1998	Category: Reserved (SC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)		Exam Event: Apr-2019
		Seat No: 909976 (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	86001	Operation Research	Th-UA [] ;Th-CA []
2	86004	HRM in Global Perspective	Th-UA [] ;Th-CA []
3	86010	HRM in Service Sector Management	Th-UA [] ;Th-CA []
4	86016	Human Resource Accounting and Audit	Th-UA [] ;Th-CA []
5	86019	Indian Ethos in Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016403361566	Eligibility Status: Provisional	Examination form No.: 095317 	Division/Section: C	Roll No.: 221	 (Candidate's Si
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NAIKWADI SAHIL DILAWAR	Mother's Name: ALPA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: नायकवाडी साहिल दिलावर

Address: 23 AKSHAYDHAM GARDEN LANE GHATKOPAR WEST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 918080444433	Email :
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DOB: Oct 07, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 909978 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2017016403361574	Eligibility Status: Provisional	Examination form No.: 095318 	Division/Section: C	Roll No.: 227	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAVAL RAHUL MAHENDRA	Mother's Name: MONA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: रावल राहुल महेंद्र

Address: 80/B LAXMI NIWAS COLLECTOR COLONY CHEMBUR
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400074
--

Telephone no.: 10001	Mobile no: 919819365355	Email :
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DOB: Oct 10, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 909975 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Suvidha' account on <http://mum.digitaluniversity.ac/>. Activate your 'e-Suvidha' account and login today!



PRN: 2017016403361597	Eligibility Status: Provisional	Examination form No.: 095319 	Division/Section: C	Roll No.: 196	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAVAL PURAV JITENDRA	Mother's Name: VARSHA	Gender: Male
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Name in Vernacular Language: रावल पूर्व जीतेन्द्र

Address: 80/B LAXMI NIWAS COLLECTOR COLONY CHEMBUR
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City: MUMBAI , Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400074

Telephone no.:	Mobile no: 919004110001	Email :
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DOB: Oct 09, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 909979 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86002	International Finance	Th-UA [] ;Th-CA []
3	86008	Project Management	Th-UA [] ;Th-CA []
4	86011	Strategic Financial Management	Th-UA [] ;Th-CA []
5	86017	Indirect Taxes	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-CA []

Convocation Fee	Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees
Mark Statement Fee	Total:		

Payment Details:	Amount Received:	College Receipt No. and 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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



University of Mumbai, Mumbai

<http://mum.digitaluniversity.ac/>

S. K. Somaiya College of Arts, Science and Commerce (540)

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PRN: 2018016402583302	Eligibility Status: Provisional	Examination form No.: 095320 	Division/Section: A	Roll No.: 41	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MUNUGAPATI OMSRI NARASIMHA	Mother's Name: RUPA	Gender: Female
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Name in Vernacular Language: ओम्श्री मुनुगपाटी
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Address: K6/19 HARI OM SAHAKARI SOCIETY, SURYA COMPLEX, KANJUR MARG (W)

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078
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Telephone no.:	Mobile no: 918693069886	Email : OMSRINM@GMAIL.COM
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DOB: Jan 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 0668712 (Status: Pass)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA [] ;Th-CA []
2	86003	Brand Management	Th-UA [] ;Th-CA []
3	86006	Retail Management	Th-UA [] ;Th-CA []
4	86009	International Marketing	Th-UA [] ;Th-CA []
5	86012	Media Planning and Management	Th-UA [] ;Th-CA []
6	UBMSFSVI.5	Project Work	Pw-UA [] ;Pw-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):

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	Date:

Student's Signature

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		