



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN:

2015016401876511

Eligibility Status:

Eligible

Examination form No.:

297112



Division/Section:

B

Roll No.:

138



Instruction Medium:

Nationality:

India

Student's Personal Information

Student's Name: **KARAN CHAUHAN**

Mother's Name: NAINA

Gender: Male

Name in Vernacular Language: करन चौहान

Address: 101,STERLING APARTMENTS , OPPOSITE BASANT CINEMA, DR. C GIDWANI RD , CHEMBUR

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

Telephone no.:

Mobile no: 919769207704

Email : chauhan.karan4697@gmail.com

DOB: Jun 04, 1997

Category: Open

Physically Handicap: No

Previous Latest Examination Details: Sem VI [2M00156](Regular-Rev16)

Exam Event: Apr-2020

Seat No: RDP1153101 (Status: Absent)

Exam form appearance type: Repeater

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-CA []
2	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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

Place:

Date:

College Staff Signature

Seal and Signature of
Principal/HOD/Chairperson



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PRN: 2016016400549705	Eligibility Status: Eligible	Examination form No.: 297113 	Division/Section: A	Roll No.: 1
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ADARKAR SOHAM RAVINDRA	Mother's Name: REEMA	Gender: Male
Name in Vernacular Language: ADARKAR SOHAM RAVINDRA		
Address: 2, APARNA SHIVA PRASAD SOCIETY, D.G. ROAD, OLD MULUND, MULUND WEST.		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080		
Telephone no.:	Mobile no: 918452029981	Email : sohamadarkar001@gmail.com
DOB: Jun 29, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem VI [2M00156](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1105502 (Status: Fail)
Exam form appearance type: Repeater		

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-CA []
2	86006	Retail Management	Th-CA []

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

Payment Details:

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

Venue Preference (Code/Name):

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2016016400550852	Eligibility Status: Eligible	Examination form No.: 297114 	Division/Section: A	Roll No.: 20
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KARIA RAHIL DHARMESH	Mother's Name: JAGRUTI	Gender: Male
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Name in Vernacular Language: Gujarati

Address: C/101 VIKRAM APT, NEW MANEKLAL ESTATE, NEAR RAMLILA GROUND, GHATKOPAR (WEST)

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

Telephone no.: 9324229821	Mobile no: 919892188111	Email : rahilkaria101@gmail.com
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DOB: Dec 15, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2M00156](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1105669 (Status: Fail)
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Exam form appearance type: Repeater

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

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

Declaration by Principal/HOD/Chairperson

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

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



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

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Bhavesh

PRN: 2016016400550891	Eligibility Status: Eligible	Examination form No.: 297115 	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: PAWAR BHAVESH SHANKAR	Mother's Name: SANGITA	Gender: Male
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Name in Vernacular Language: पवार भावेश शंकर
--

Address: ROOM NO.1 NAMDAR CHAWL NO. 3 GHATKOPAR WEST
--

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

Telephone no.:	Mobile no: 919819357547	Email : pawarbhavesh1001@gmail.com
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DOB: Jul 18, 1997	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem VI [2M00156](Regular-Rev16)	Exam Event: Mar-2019	Seat No: RDP1105816 (Status: Fail)
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Exam form appearance type: Repeater

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-UA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2016016400551171	Eligibility Status: Eligible	Examination form No.: 297116 	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
Name in Vernacular Language: KASAR AAKASH SANDEEP		
Address: 183,SARAF BAZAR BALAJI PETH JALGAON		
City: JALGAON, Taluka: Jalgaon, District: Jalgaon, State: Maharashtra, PIN: 425001		
Telephone no.: 2229015	Mobile no: 919403833455	Email : Aakashkasar37ak@gmail.com
DOB: Jul 03, 1998	Category: Reserved (OBC)	Physically Handicap: No
Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1235117 (Status: Pass)
Exam form appearance type: Repeater		

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

SN	Paper Code	Paper Name	AM - AT
1	86001	Operation Research	Th-CA []
2	86010	HRM in Service Sector Management	Th-CA []
3	86016	Human Resource Accounting and Audit	Th-CA []

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

Payment Details:	Amount Received:	College Receipt No. and Date:
DD No:	MICR No:	DD Date:
Bank:		

Center Preference (Code/Name):
Venue Preference (Code/Name):

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

PRN: 2017016401264617	Eligibility Status: Eligible	Examination form No.: 297117 	Division/Section: A	Roll No.: 14
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Instruction Medium:	Nationality: United States of America
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Student's Personal Information

Student's Name: SAMIDHA RAJESH DHOBLE	Mother's Name: SHILPA	Gender: Female
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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 VI [2M00156](Regular-Rev16)	Exam Event: Apr-2020	Seat No: RDP1152278 (Status: Fail)
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Exam form appearance type: Repeater

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

SN	Paper Code	Paper Name	AM - AT
1	UBMSFSVI.5	Project Work	Pw-UA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016401264993	Eligibility Status: Eligible	Examination form No.: 000001 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGH NIDHI YOGENDRA	Mother's Name: URMILA	Gender: Female
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Name in Vernacular Language: निधि सिंह

Address: Plot No.371, New Mhada Vasahat, Avishkar C.H.S, Vartak Nagar, Thane [w]

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

Telephone no.:	Mobile no: 918879727804	Email : nidhisingh31999@gmail.com
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DOB: Jan 31, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158232 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016403361582	Eligibility Status: Provisional	Examination form No.: 000002 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JADHAV NIKHIL NANDKISHOR	Mother's Name: UJWALA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: जाधव निखिल नंदकिशोर
--

Address: HOUSE NO 7-3-81, JHASI RANI CHOWOK NAGESHWARDI AURANGABD

City: AURANGABAD, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 431001
--

Telephone no.:	Mobile no: 917400261283	Email :
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DOB: Aug 16, 1999	Category: Reserved (NT-1 (NT-B))	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158208 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2018016401280165	Eligibility Status: Eligible	Examination form No.: 000003 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AWHAD JAY DILIP	Mother's Name: RAJANI	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: आवाह जय दिलीप

Address: 313/101 ANANDLOK R N N ROAD PANTNAGAR GHATKOPAR EAST

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

Telephone no.:	Mobile no: 918691949377	Email : JAYAWHAD30@GMAIL.COM
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DOB: Nov 30, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158195 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016401746963	Eligibility Status: Eligible	Examination form No.: 000004 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH IRMA ALIHASAN SHAZIYA	Mother's Name: SHAZIYA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: शेख इरमा अलीहसन

Address: A WING, 102, 1 FLOOR ALLAN VILLA KALINA, SANTACRUZ- EAST MUMBAI

City: MUMBAI, Taluka: Andheri, District: Mumbai Suburban, State: Maharashtra, PIN: 400098

Telephone no.:	Mobile no: 918149328409	Email : ALIHASANABDULLAHSHAIKH19@GMAIL.COM
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DOB: Oct 24, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158228 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137153	Eligibility Status: Eligible	Examination form No.: 000005 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANPURWALA ADNAN SHABBIR	Mother's Name: YASMEEN	Gender: Male
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Name in Vernacular Language: Bhanpurwala Adnan Shabbir
--

Address: 63-71 Yadavgopal Peth, Shubhvastu apt, Flat no 204, Satara 415002 1133 ,Shaniwar Peth, Adalatwada Maitri park apt , Flat no 8 Satara

City: Satara, Taluka: Satara, District: Satara, State: Maharashtra, PIN: 415002

Telephone no.:	Mobile no: 918668206751	Email : adnanbhanpurwala@gmail.com
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DOB: Nov 22, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158053 (Status: Pass)
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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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137161	Eligibility Status: Eligible	Examination form No.: 000006 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: YADAV JANHAVI PRADEEP	Mother's Name: NEETA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: यदव जन्हवी प्रदेप

Address: F-17, JAIBHARAT SOCIETY SUNDERBAUG LANE, KAMANI, KURLA(W) MUMBAI-70

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

Telephone no.:	Mobile no: 917506428880	Email : janhaviyadav2015@gmail.com
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DOB: Aug 08, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158117 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137176	Eligibility Status: Eligible	Examination form No.: 000007 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL SOHAN HASMUKHBHAI	Mother's Name: NEETABEN	Gender: Male
--	-------------------------	--------------

Name in Vernacular Language: PATEL SOHAN HASMUKHBHAI
--

Address: Room no.2,ground floor, Kohinoor smruti apt
--

City: Ambarnath, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421501
--

Telephone no.:	Mobile no: 917038695038	Email : sohanpatel312000@gmail.com
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DOB: Dec 31, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158096 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137184	Eligibility Status: Eligible	Examination form No.: 000008 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHADRA BIJAL HARESH	Mother's Name: JYOTI	Gender: Female
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Name in Vernacular Language: BHADRA BIJAL HARESH
--

Address: A/04 Akshardham society Narayan Nagar
--

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

Telephone no.:	Mobile no: 919769227431	Email : bijalbhadra11@gmail.com
----------------	-------------------------	---------------------------------

DOB: Dec 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158121 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	<p>Student's Signature</p>

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137192	Eligibility Status: Provisional	Examination form No.: 000009 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: YASHOVARDHAN KAMLESH PAREEK	Mother's Name: KIRAN	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: यशोवर्धन कमलेश पारीक

Address: 23/C,801, Powai Himalaya Society, Mhada Colony, Nr. SM Shetty High School, Hiranandani Gardens, Powai
--

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400076

Telephone no.: 25707484	Mobile no: 918369419916	Email : yashovardhan.pareek@gmail.com
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DOB: Jul 05, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158237 (Status: Fail)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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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	86007	Organisational Development	Th-UA [] ;Th-CA []
4	86013	Workforce Diversity	Th-UA [] ;Th-CA []
5	86016	Human Resource Accounting and Audit	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, Director, Board of Examination and Evaluations / The Controller Of Examination,	Place: Vidyavihar
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I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137226	Eligibility Status: Provisional	Examination form No.: 000010 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DHRUV HARISH HARIA	Mother's Name: JAYSHRI	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: Gujarati

Address: Jain colony House no.371 Anjar(Kutch)
--

City: Anjar, Taluka: Anjar, District: Kachchh, State: Gujarat, PIN: 370110
--

Telephone no.: 24282	Mobile no: 919924171954	Email : dhruvharia1008@gmail.com
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DOB: Aug 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158131 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137234	Eligibility Status: Eligible	Examination form No.: 000011 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL ROSHINI NILESH	Mother's Name: JIGNA	Gender: Female
Name in Vernacular Language: PATEL ROSHINI NILESH		
Address: 404, E wing, neelkanth hills belvali, badlapur(west)		
City: badlapur, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421503		
Telephone no.:	Mobile no: 917021740236	Email : roshnipatel37749@gmail.com
DOB: Nov 08, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158095 (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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137242	Eligibility Status: Eligible	Examination form No.: 000012 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN HARSHITA PRAVIN	Mother's Name: SANGEETA	Gender: Female
---	-------------------------	----------------

Name in Vernacular Language: जैन हर्षिता प्रवीण

Address: ROOM NO 602, A-WING SHATRUNJAY GIRIRAJ BUILDING TANAJI CHOWK

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

Telephone no.:	Mobile no: 917506703735	Email : akankshajain3398@gmail.com
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DOB: Oct 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158072 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137257	Eligibility Status: Eligible	Examination form No.: 000013 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR SAHIL DHARMENDRA	Mother's Name: HINA	Gender: Male
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Name in Vernacular Language: ठक्कर साहिल धर्मेंद्र
--

Address: 202, C-Wing, Ambe Shraddha, Sector 36, Kamothe, Manasarovar, Navi Mumbai

City: Navi Mumbai, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410206
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Telephone no.:	Mobile no: 919730037545	Email : funkysahil12@gmail.com
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DOB: Sep 12, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158112 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137315	Eligibility Status: Eligible	Examination form No.: 000014 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DANI ATMAN KETAN	Mother's Name: NIKITA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: दानी आत्मन केतन

Address: 12/188 neelkanth cottage garodia nagar ghatkopar east

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

Telephone no.:	Mobile no: 917977133157	Email : ketandani11@gmail.com
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DOB: Aug 22, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158057 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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CHARMI

PRN: 2018016402137331	Eligibility Status: Eligible	Examination form No.: 000015 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHARMI RAWAL	Mother's Name: JAYSHREE	Gender: Female
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Name in Vernacular Language: चार्मी रावल

Address: 132/3623, VISHAL C.H.S. LIMITED PANTANAGAR GHATKOPAR (EAST)

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

Telephone no.: 21021104	Mobile no: 919323434344	Email : crrawal190800@gmail.com
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DOB: Aug 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158156 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137362	Eligibility Status: Eligible	Examination form No.: 000016 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SINGHVI ADIT MUKESH	Mother's Name: KAVITA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: सिंघवी आदित मुकेश

Address: 906 CASABLANCA, SKYLINE OASIS PREMIER ROAD VIDYAVIHAR (W)

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

Telephone no.: 25027906	Mobile no: 919699934243	Email : singhviadit59@gmail.com
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DOB: Mar 09, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158110 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137377	Eligibility Status: Provisional	Examination form No.: 000017 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR GEET JAYENDRA	Mother's Name: DIMPLE	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: ठक्कर गीत जयेंद्र
--

Address: 118/2 VALLABH NAGAR 301 ARIHANT APT. INDORE
--

City: INDORE, Taluka: INDORE, District: Indore, State: Madhya Pradesh, PIN: 452003
--

Telephone no.:	Mobile no: 919752013294	Email : thakkargeet05@gmail.com
----------------	-------------------------	---------------------------------

DOB: Dec 11, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158191 (Status: Fail)
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Exam form appearance type: Fresher

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

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Handwritten signature

PRN: 2018016402137385	Eligibility Status: Eligible	Examination form No.: 000018 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI KRISHNA RAJESH	Mother's Name: PREMILA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: भानुशाली कृष्णा राजेश
--

Address: R/4 JALARAM SOC, SHIVAJI NAGAR, ASALPHA LINK ROAD GHATKOPAR, MUMBAI
--

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

Telephone no.:	Mobile no: 918291071134	Email : krishbhanu21@gmail.com
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DOB: Mar 31, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158055 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137393	Eligibility Status: Eligible	Examination form No.: 000019 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH HUMERAH MOHAMMED IKALAK	Mother's Name: RAZIYA	Gender: Female
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Name in Vernacular Language: शेख हुमेराह मोहम्मद इकलाक

Address: ROOM NO.2 HAYAT MOHAMMAD CHAWL PARSHIWADI GHATKOPAR WEST

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

Telephone no.:	Mobile no: 918355864701	Email : shaikhhumera360@gmail.com
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DOB: Feb 07, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158227 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Vishal

PRN: 2018016402137404	Eligibility Status: Eligible	Examination form No.: 000020 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI VISHAL ASHWIN	Mother's Name: NEETA	Gender: Male
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Name in Vernacular Language: भानुशाली विशाल अश्विन
--

Address: B-20, 5TH FLOOR, RAILADEVI APT., WAGLE ESTATE THANE WEST

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604
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Telephone no.:	Mobile no: 917678083935	Email : bhabhyo@gmail.com
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DOB: Jul 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158123 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137435	Eligibility Status: Eligible	Examination form No.: 000021 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: S MOHAMMED IRFAN MASTHAN	Mother's Name: NASEEM	Gender: Male
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Name in Vernacular Language: स मोहम्मद इरफान मस्तान

Address: NEAR NEW SOCIETY AZAD NAGAR , B-15 AKBARLALA COMPOUND DVS ROAD NO. 1 , GHATKOPAR WEST

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

Telephone no.:	Mobile no: 918082776193	Email : shaikhirfan808277@gmail.com
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DOB: Apr 20, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158101 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Shah

PRN: 2018016402137443	Eligibility Status: Eligible	Examination form No.: 000022 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: **SHAH SHIVANI SANDEEP** Mother's Name: JYOTI Gender: Female

Name in Vernacular Language: शाह शिवानी संदीप

Address: 335, DARSHIL, SADICHCHHA SOCIETY, CHARNI PADA ANJURPHATA

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

Telephone no.: Mobile no: 917391900549 Email : SHAHSHIVANI63@GMAIL.COM

DOB: Aug 17, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16) Exam Event: Dec-2020 Seat No: RDP1158167 (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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Kevan

PRN: 2018016402137451	Eligibility Status: Provisional	Examination form No.: 000023 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KEVAN DHARMESH MORBIA	Mother's Name: KASHMIRA	Gender: Male
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Name in Vernacular Language: केवन धर्मेश मोर्बिया

Address: Flat no 7 , Siddhi Heritage Plot no 368,Lilasha Nagar Gandhidham

City: Gandhidham, Taluka: Gandhidham, District: Kachchh, State: Gujarat, PIN: 370201

Telephone no.:	Mobile no: 919408620574	Email : k1morbiam@gmail.com
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DOB: Jul 28, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158144 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137497	Eligibility Status: Eligible	Examination form No.: 000025 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR PRUTHAVI KIRAN	Mother's Name: NAYANA	Gender: Male
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Name in Vernacular Language: PRUTHAVI

Address: 702,7TH FLOOR,MAHAVIR TOWER EDULJI ROAD,THANE(W)

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 919987001424	Email : thakkarprithvi1111@gmail.com
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DOB: Aug 14, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158234 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137501	Eligibility Status: Provisional	Examination form No.: 000026 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JANHAVI KOLTE	Mother's Name: JYOTI	Gender: Female
--------------------------------------	----------------------	----------------

Name in Vernacular Language: जन्हवी कोलते

Address: 202, PLOT NO.78 SHUBHANKAR KANSAI SECTION

City: AMBARNATH, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421501

Telephone no.:	Mobile no: 919699694746	Email : jjanhavikolte@gmail.com
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DOB: Aug 13, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158079 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137516	Eligibility Status: Eligible	Examination form No.: 000027 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ACHARYA HARSHITA DINESH	Mother's Name: KAVITA	Gender: Female
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Name in Vernacular Language: आचार्य हर्षिता दिनेश

Address: BHARADI AAI BUILDING-04, ROOM NO/308 GYMKHANA ROAD NEAR MAULI BUNGLOW AZDEPADA , DOMBIVLI (E)

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

Telephone no.:	Mobile no: 918689844998	Email : harshaacharya1312@gmail.com
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DOB: Dec 13, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158192 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137524	Eligibility Status: Eligible	Examination form No.: 000028 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HARDIK VASANT MANGE	Mother's Name: HEMLATA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: हार्दिक वसंत मंगे
--

Address: 1,hinglaj ashish,janardhan park, raghunath nagar,thane

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

Telephone no.:	Mobile no: 918108211216	Email : hardikbbbbb@gmail.com
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DOB: Feb 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158139 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date: Student's Signature
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Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137555	Eligibility Status: Eligible	Examination form No.: 000029 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MOTA SHIVAM SHAILESH	Mother's Name: MEENA	Gender: Male
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Name in Vernacular Language: मोटा शिवम शैलेश

Address: 3 FLOOR , JAYESH NIWAS , NEAR NEHRU MAIDAN , DOMBIVLI EAST

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

Telephone no.:	Mobile no: 919892013430	Email : shivammota9@gmail.com
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DOB: Dec 04, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158087 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137563	Eligibility Status: Eligible	Examination form No.: 000030 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH JULEKHA MOHD YASIN	Mother's Name: RASHIDA	Gender: Female
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Name in Vernacular Language: शेख जुलेखा मोहद यासिन
--

Address: ROOM NO. 5 PORBUNDERWALA CHAWL NO. 8, L.B.S. MARG, CHIRAG NAGAR, GHATKOPAR WEST
--

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

Telephone no.:	Mobile no: 917039653200	Email : zulekhashk.994@gmail.com
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DOB: Sep 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158172 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Aditi

PRN: 2018016402137594	Eligibility Status: Eligible	Examination form No.: 000031 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR ADITI RAJESH	Mother's Name: HEENA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: ठक्कर अदिती राजेश

Address: B-8 Mangal Ashirwad, SAVARKAR ROAD, DOMBIVLI EAST

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

Telephone no.:	Mobile no: 919833430808	Email : aditithakkar6388@gmail.com
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DOB: Feb 02, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158187 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137613	Eligibility Status: Eligible	Examination form No.: 000032 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SOLANKI ANSH RAKESH	Mother's Name: PADMA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: सोलंकी अंश राकेश

Address: ROOM NUMBER 13 VEER VIJAY APARTMENT ELCHI WADI MG ROAD GHATKOPAR WEST

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

Telephone no.: 25122577	Mobile no: 919967488886	Email : ANSHSOLANKI96@GMAIL.COM
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DOB: Feb 19, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158181 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Abhi

PRN: 2018016402137621	Eligibility Status: Eligible	Examination form No.: 000033 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GUPTA ABHINAV MANISH	Mother's Name: MALA	Gender: Male
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Name in Vernacular Language: गुप्ता अभिनव मनीष
--

Address: Nityanand Baug CHS, Bldg No.10 A Wing, Flat No.07, RC Marg, Chembur
--

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

Telephone no.: 25541203	Mobile no: 919930652391	Email : abhi.gupta1400@gmail.com
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DOB: Dec 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158070 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: Vidyavihar

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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NSG

PRN: 2018016402137636	Eligibility Status: Eligible	Examination form No.: 000034 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NAITIK SANJAY GADA	Mother's Name: TEENA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: नैतिक संजय गडा

Address: A/4, OM PARAG MILAN SANT RAMDAS ROAD THAKUR NAGAR, MULUND

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

Telephone no.:	Mobile no: 919819988212	Email : gada_naitik@yahoo.com
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DOB: Sep 05, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158128 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137644	Eligibility Status: Eligible	Examination form No.: 000035 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PRAJAPATI RIDDHI CHANDRAKANT	Mother's Name: JYOTI	Gender: Female
---	----------------------	----------------

Name in Vernacular Language:riddhi

Address: Hilda villa,160/B,near michael school,beside kennedy classess kurla(W)

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070
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Telephone no.:	Mobile no: 918108964212	Email : hcp1494@gmail.com
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DOB: Apr 08, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158099 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Ajitha

PRN: 2018016402137702	Eligibility Status: Eligible	Examination form No.: 000036 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN ADEEBA JAWIDKHAN	Mother's Name: KAUSAR	Gender: Female
---------------------------------------	-----------------------	----------------

Name in Vernacular Language: खान अदीबा जावेदखान

Address: Room No. 5, Ramtej Niwas, Hall Village Halav Pool
--

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

Telephone no.:	Mobile no: 918291417641	Email : adeeba.khan222000@gmail.com
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DOB: Jun 22, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158211 (Status: Pass)
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Exam form appearance type: Fresher

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137741	Eligibility Status: Eligible	Examination form No.: 000037 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GUPTA PREETI SUNIL	Mother's Name: BABITA	Gender: Female
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Name in Vernacular Language: गुप्ता प्रीती सुनील
--

Address: ROOM NO.B/40 SAKINAKA,UDAY NAGAR S.V ROAD MUMBAI -400072

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072
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Telephone no.:	Mobile no: 918286453820	Email : preetiguptapg1111@gmail.com
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DOB: Nov 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158130 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Jenik Mahendra

PRN: 2018016402137756	Eligibility Status: Eligible	Examination form No.: 000038 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GALA JENIK MAHENDRA	Mother's Name: MEETA	Gender: Male
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Name in Vernacular Language: गॅलॅजॅनॅक
--

Address: 7, Keshav building 10/12 Jagdusha Nagar Ghatkopar west

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

Telephone no.: 25151203	Mobile no: 918976166586	Email : jenikgala@gmail.com
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DOB: Apr 27, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158129 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137772	Eligibility Status: Eligible	Examination form No.: 000039 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AJMERA ANUJ CHETAN	Mother's Name: SONAL	Gender: Male
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Name in Vernacular Language: अंजुज

Address: A-503,PRESIDENTIAL TOWERS L.B.S.MARG, Ghatkopar(west)
--

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

Telephone no.:	Mobile no: 917710062168	Email : anujajmera11@gmail.com
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DOB: Jan 16, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158193 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137787	Eligibility Status: Eligible	Examination form No.: 000040 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GONDALIA SWAPNIL NIMISH	Mother's Name: PRAVINA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: GONDALIA SWAPNIL NIMISH
--

Address: 704, TAKSHASHILA, NEELKANTH KINGDOM, VIDYAVIHAR WEST NATHANI ROAD, VIDYAVIHAR WEST MUMBAI 400086

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

Telephone no.: 25094041	Mobile no: 919820816179	Email : nimish.gondalia@gmail.com
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DOB: Oct 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158206 (Status: Pass)
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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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137806	Eligibility Status: Eligible	Examination form No.: 000041 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH AKSHAT ABHAY	Mother's Name: ANJALI	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: शाह अक्षत अभय

Address: MANGALDEEP CHS LTD F-5/0.1, SECTOR-14 AIROLI NAVI MUMBAI

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

Telephone no.:	Mobile no: 919619190883	Email : akshatshah9081@gmail.com
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DOB: Feb 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158163 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Eshi

PRN: 2018016402137814	Eligibility Status: Provisional	Examination form No.: 000042 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GALAIYA ESHI JAYESH	Mother's Name: RAMILA	Gender: Female
-------------------------------------	-----------------------	----------------

Name in Vernacular Language: गेलाय ऐशी जयेश

Address: 274/0, 1ST FLR, A-WING, VIJAY NAGAR SOCIETY OPP. SAGAR HOSPITAL PADMANAGAR

City: BHIWANDI, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421305

Telephone no.:	Mobile no: 919860115170	Email : eshigalaiya14@gmail.com
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DOB: Oct 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158066 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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[Handwritten Signature]

PRN: 2018016402137822	Eligibility Status: Eligible	Examination form No.: 000043 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VIDHATE PIYUSH BALU	Mother's Name: SUJATA	Gender: Male
-------------------------------------	-----------------------	--------------

Name in Vernacular Language: पियुष बाळू विधाते

Address: BLDG No 61 Room no. 61 KANNAMWAR NAGAR 2 VIKHROLI (EAST) MUMBAI

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

Telephone no.:	Mobile no: 918454067426	Email : vidhatepiyush24@gmail.com
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DOB: Feb 12, 2001	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158114 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: Vidyavihar

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Prajay Soni

PRN: 2018016402137853	Eligibility Status: Eligible	Examination form No.: 000044 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SONI PRAJAYKUMAR JATINKUMAR	Mother's Name: JASMINE	Gender: Male
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Name in Vernacular Language: SONI PRAJAYKUMAR JATINKUMAR
--

Address: C/16, JANJIRA HOUSE, RAJAWADI, GHATKOPAR EAST
--

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

Telephone no.: 21020690	Mobile no: 919869787170	Email : prajay28soni@gmail.com
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DOB: Sep 28, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158184 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	<p>Student's Signature</p>

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137884	Eligibility Status: Eligible	Examination form No.: 000045 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DOSHI JINESH ROHIT	Mother's Name: FALGUNI	Gender: Male
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Name in Vernacular Language: दोषी जिनेश रोहित

Address: A/406 SHIV SHAKTI APT. SHIV MANDIR ROAD SANGITAWADI
--

City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
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Telephone no.:	Mobile no: 919867239535	Email : jineshdoshi332000@gmail.com
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DOB: Mar 03, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158127 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402137957	Eligibility Status: Eligible	Examination form No.: 000046 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHETH NIYATI KAMLESH	Mother's Name: URVI	Gender: Female
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Name in Vernacular Language: Niyati

Address: 2/15, 3RD FLOOR, ROOPALY BLDG, NEW MANEKLAL ESTATE, NARSI MEHTA MARG, GHATKOPAR WEST.
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 919892878458	Email : 99nilay@gmail.com
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DOB: Aug 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158177 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138067	Eligibility Status: Eligible	Examination form No.: 000047 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RAJPAL CHETNA JOTU	Mother's Name: VANDANA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: राजपाल चेतना जोतु

Address: OPP R.C BARRACK NO. 31 NEAR MUNICIPAL SCHOOL GANDHI MARKET ROAD

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

Telephone no.:	Mobile no: 919820512808	Email : chetnarajpal92@gmail.com
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DOB: Jul 22, 2000	Category: Reserved (NT-1 (NT-B))	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158153 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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F. Vanage

PRN: 2018016402138091	Eligibility Status: Eligible	Examination form No.: 000049 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VANAGE TANISHKA PRAVIN	Mother's Name: PRIYANKA	Gender: Female
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Name in Vernacular Language: तनिष्का

Address: A-506 Kripanilaya CHS Building No 38 Tilak Nagar Chembur Mumbai

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

Telephone no.:	Mobile no: 919323227561	Email : tanvan2411@gmail.com
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DOB: Nov 24, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158236 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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D. Rithika

PRN: 2018016402138117	Eligibility Status: Eligible	Examination form No.: 000050 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DEVADIGA RITHIKA SANJEEVA	Mother's Name: LATHA	Gender: Female
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Name in Vernacular Language: देवाडिगा रितिका संजीवा

Address: A-303,GAVANPADA PRAGATI CO.OP HSG.SOCIETY LTD VASUDEV BALWANT PHADKE MARG MULUND EAST
--

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

Telephone no.:	Mobile no: 918452984094	Email : drithika2@gmail.com
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DOB: Sep 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158201 (Status: Pass)
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Exam form appearance type: Fresher

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

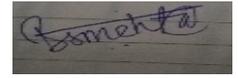
<http://mum.digitaluniversity.ac/>

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138133	Eligibility Status: Eligible	Examination form No.: 000051 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA BHAVIK SUNIL	Mother's Name: RASHMI	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: भाविक

Address: 102, CHANDRAMA SOCIETY, A WING DR.RAJENDRA PRASAD ROAD, CHAR RASTA RAGHUVVEER NAGAR, DOMBIVLI EAST

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

Telephone no.: 2863992	Mobile no: 919820664094	Email : bhavikmehta2900@gmail.com
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DOB: Nov 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158083 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138164	Eligibility Status: Eligible	Examination form No.: 000052 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SODHANI CHIRAG ASHOK	Mother's Name: GUNMALA	Gender: Male
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Name in Vernacular Language: चिराग सोधानी

Address: B11/12 , RM-96 , INDRAPRASTHA C.H.S. M.I.D.C. RESIDENTIAL ZONE DOMBIVLI (EAST)

City: DOMBIVLI , Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421203

Telephone no.:	Mobile no: 918291218060	Email : sodhanic@gmail.com
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DOB: Dec 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158180 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138195	Eligibility Status: Eligible	Examination form No.: 000053 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GALA DEEP SACHIN	Mother's Name: REENA	Gender: Male
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Name in Vernacular Language: गाला दीप सचिन

Address: 85/95 Edenwala bldg, Room.no-38,2nd floor, Elphinstone road,J.B marg

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

Telephone no.:	Mobile no: 919321362569	Email : reenagala77@gmail.com
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DOB: Nov 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158065 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138214	Eligibility Status: Provisional	Examination form No.: 000054 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ABHISHEK SANJAY KSHIRSAGAR	Mother's Name: SHEELA	Gender: Male
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Name in Vernacular Language: अभिषेक

Address: 17/A, 902, GODAVARI CUSTOMS COLONY, POWAI Mumbai-76

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400076

Telephone no.: 25701448

Mobile no: 918850283313

Email : aaplasanju@gmail.com

DOB: Aug 24, 1999

Category: Reserved (SC)

Physically Handicap: No

Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)

Exam Event: Dec-2020

Seat No: RDP1158212 (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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138222	Eligibility Status: Eligible	Examination form No.: 000055 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PRAJAPATI JIGAR MUKESH	Mother's Name: SEEMA	Gender: Male
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Name in Vernacular Language: प्रजापती जिगर मुकेश
--

Address: E-304 lake castle building maansarovar park , gauripada , kalyan west
--

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

Telephone no.:	Mobile no: 919619019611	Email : vaibhav.prajapati1605@gmail.com
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DOB: Nov 05, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158098 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138245	Eligibility Status: Eligible	Examination form No.: 000056 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANIGRAHI MEGHA MAHESWAR	Mother's Name: ANITA	Gender: Female
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Name in Vernacular Language: पाणिग्रही मेघा महेश्वर

Address: pestom sagar road no-4 opp gupta hotel flat no-8 plot no-20 ambaji niketan

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

Telephone no.:	Mobile no: 919930547170	Email : meghapanigrahi10@gmail.com
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DOB: Sep 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158091 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138303	Eligibility Status: Eligible	Examination form No.: 000057 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH MANAN MUKESH	Mother's Name: NEEPA	Gender: Male
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Name in Vernacular Language: शाह मनन मुकेश
--

Address: B-104 , JESAL COMPLEX CABIN ROAD , BHAYANDAR EAST DIST- THANE
--

City: BHAYANDAR EAST, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 401105

Telephone no.: 2621915	Mobile no: 918788327499	Email : MANANSHAH_13@YAHOO.COM
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DOB: Sep 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158165 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Shukla

PRN: 2018016402138311	Eligibility Status: Eligible	Examination form No.: 000058 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKAR PRANETA MAHESH	Mother's Name: DEEPALI	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: ठाकर प्रणेत म्हेश

Address: G-3, SHIV SAGAR, THANKAR PADA KALYAN-WEST

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

Telephone no.:	Mobile no: 919022942381	Email : pranetathakar@gmail.com
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DOB: Oct 25, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158186 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138334	Eligibility Status: Eligible	Examination form No.: 000059 	Division/Section: 3	Roll No.: 207
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SHAIKH SANIYA NAZIRUDDIN	Mother's Name: RUMANA	Gender: Female
Name in Vernacular Language: SHAIKH SANIYA NAZIRUDDIN		
Address: K/402 NEW NASHEMAN COLONY, TANWAR NAGAR		
City: MUMBRA, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612		
Telephone no.:	Mobile no: 919773155899	Email : saniya.shaikh963@gmail.com
DOB: Jan 24, 2001	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem II(Regular-Rev16)		Exam Event: Apr-2019
		Seat No: 0624741 (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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138342	Eligibility Status: Eligible	Examination form No.: 000060 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH PREET PRAVIN	Mother's Name: HANSA PRAVIN SHAH	Gender: Male
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Name in Vernacular Language: प्रीत प्रवीण शाह

Address: 30/891,PANTNAGAR,GHATKOPAR(EAST), MUMBAI 400075

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

Telephone no.:	Mobile no: 919892077139	Email : PREETSHAH42@GMAIL.COM
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DOB: Aug 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158166 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	<p>Student's Signature</p>

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Charmi

PRN: 2018016402138381	Eligibility Status: Eligible	Examination form No.: 000061 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NAKRANI CHARMIE SURESH	Mother's Name: KASTUR	Gender: Female
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Name in Vernacular Language: चार्मी

Address: 803 Primrose, Rachna Garden Mulund colony, GGS Road, near Mulund Darshan

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400082
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Telephone no.:	Mobile no: 919769652743	Email : charmipatel9867@gmail.com
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DOB: Jan 30, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158190 (Status: Fail)
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Exam form appearance type: Fresher

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

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138396	Eligibility Status: Eligible	Examination form No.: 000062 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KESARIA MIHIR JAGDISH	Mother's Name: HEENA	Gender: Male
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Name in Vernacular Language: केसरीया मिहीर जगदीश
--

Address: 194/5368 Sugam CHS Pantnagar, Ghatkopar east Mumbai
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City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075
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Telephone no.:	Mobile no: 919820222737	Email : mhirkesaria16@gmail.com
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DOB: Aug 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158077 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Chavi

PRN: 2018016402138407	Eligibility Status: Provisional	Examination form No.: 000063 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAVI MAHESHWARI	Mother's Name: USHA MAHESHWARI	Gender: Female
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Name in Vernacular Language: छवी माहेश्वरी

Address: A-6, chitrakut apartment, vrundavan society silvassa

City: Silvassa, Taluka: Silvassa, District: Dadra and Nagar Haveli, State: Dadra and Nagar Haveli, PIN: 396230

Telephone no.: Mobile no: 919825144638 Email : pankajmaheshwari98@yahoo.com

DOB: Oct 19, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16) Exam Event: Dec-2020 Seat No: RDP1158081 (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:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

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

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Parekh

PRN: 2018016402138431	Eligibility Status: Eligible	Examination form No.: 000064 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DEV PAREKH	Mother's Name: VARSHA	Gender: Male
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Name in Vernacular Language: देव पारेख

Address: 315, Om Gayatri, 7th floor/703 R.N.Narkar Road, Opp. Arun Vaidh Maidan, PantNagar, Ghatkopar (E)

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

Telephone no.: 25013083	Mobile no: 919699749599	Email : parekhdev9@gmail.com
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DOB: Feb 09, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158147 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138446	Eligibility Status: Eligible	Examination form No.: 000065 	Division/Section:	Roll No.:	<i>Fiyoni S. Madiyar</i>
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MADIYAR FIYONI BHARAT	Mother's Name: YOGITA	Gender: Female
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Name in Vernacular Language:fiyoni

Address: B-201 mahavir residency mulund west
--

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

Telephone no.: 21649736	Mobile no: 919029021955	Email : fiyonimadiyar18@gmail.com
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DOB: Jan 05, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158215 (Status: Pass)
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Exam form appearance type: Fresher

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Ritika

PRN: 2018016402138462	Eligibility Status: Eligible	Examination form No.: 000066 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DHAWLE HRITHIKA SUNIL	Mother's Name: PRATIMA	Gender: Female
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Name in Vernacular Language: धवले रितिका सुनील

Address: ROOM NO. 7 GARIB MULLAH CHAWL PARSHIWADI LBS MARG GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919224238534	Email : ritikadhawle1234@gmail.com
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DOB: Apr 20, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158059 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Priyansh Pares

PRN: 2018016402138485	Eligibility Status: Eligible	Examination form No.: 000067 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VORA PRIYANSH PARESH	Mother's Name: TEJAL	Gender: Male
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Name in Vernacular Language: वीरा प्रियंश परेश

Address: A3,402 VIKAS COMPLEX CASTLE MILL NAKA

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

Telephone no.: Mobile no: 918383868686 Email : vorapriyansh8383@gmail.com

DOB: Dec 18, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16) Exam Event: Dec-2020 Seat No: RDP1158115 (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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

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

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PRN: 2018016402138504	Eligibility Status: Eligible	Examination form No.: 000068 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAHU POOJA RAMESH	Mother's Name: BASANTI	Gender: Female
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Name in Vernacular Language: साहू पूजा रमेश

Address: Rm No 4 Shanti Chwl Bhnd Himaleshwar Temple Govind Ngr NP Marg Himalaya Society Asalfa Village

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

Telephone no.:	Mobile no: 919967414263	Email : balrameshahu9022@gmail.com
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DOB: Dec 22, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158102 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138551	Eligibility Status: Provisional	Examination form No.: 000069 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAMIKSHA VIKAS PATIL	Mother's Name: RUPALI	Gender: Female
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Name in Vernacular Language: समीक्षा विकास पाटील

Address: B5, ROOM NO.102, 1ST FLOOR ALAKNANDA CHS SECTOR 19A, NERUL (EAST)

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

Telephone no.:	Mobile no: 918691965523	Email : SAMKUSH737@GMAIL.COM
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DOB: Feb 18, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158220 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138566	Eligibility Status: Eligible	Examination form No.: 000070 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAVLA HIRAL NEMJI	Mother's Name: NEETA	Gender: Female
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Name in Vernacular Language: सावला हिरल नेमजी

Address: 2/601, Hill Crest Society, Ghodbunder Road, Manpada, Thane West.

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400610
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Telephone no.:	Mobile no: 917506048072	Email : hiralsavla2000@gmail.com
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DOB: Aug 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158103 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: Vidyavihar

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Y-R Mehta

PRN: 2018016402138582	Eligibility Status: Eligible	Examination form No.: 000071 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA YUG RAKESH	Mother's Name: URAVASHI	Gender: Male
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Name in Vernacular Language: मेहता युग राकेश
--

Address: a-13, Shah Bhuvan L. B. S. Marg Ghatkopar(West)
--

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

Telephone no.: 25131922	Mobile no: 919167470390	Email : yug232000@gmail.com
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DOB: Dec 23, 2000	Category: Open	Physically Handicap: Orthopedic Disorder
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158085 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138601	Eligibility Status: Eligible	Examination form No.: 000072 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MADIYAR JHEEL ASHISH	Mother's Name: PURVI	Gender: Female
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Name in Vernacular Language: मडीयार झील आशिष
--

Address: B/17, Mahavir Dham Behind Nirmala Devi Hospital Sector-5

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604
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Telephone no.:	Mobile no: 918097898599	Email : jheel78632@gmail.com
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DOB: Mar 20, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158216 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138705	Eligibility Status: Eligible	Examination form No.: 000073 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN AYESHA MOHAMMAD RAFIK	Mother's Name: SHABANA	Gender: Female
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Name in Vernacular Language: AYESHA

Address: PORBANDAR BUILDING ROOM NO B7 FIRST FLOOR CHIRAGNAGAR GHATKOPAR WEST

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086
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Telephone no.:	Mobile no: 919004203251	Email : khanayesha.ka36@gmail.com
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DOB: Dec 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158135 (Status: Pass)
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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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Rahila

PRN: 2018016402138721	Eligibility Status: Eligible	Examination form No.: 000074 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH RAHILA HANIF	Mother's Name: NAZIYA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: शेख राहिला हनीफ

Address: FATIMA BAI CHAWL CHIRAGNAGAR GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919137305008	Email : shaikhnazzi123@gmail.com
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DOB: Oct 03, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158173 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138736	Eligibility Status: Eligible	Examination form No.: 000075 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PEREIRA ANNIKA GRACIAN	Mother's Name: SHALINI	Gender: Female
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Name in Vernacular Language: परेरा आणिका ग्रासिण

Address: 202,MAYUR CLASSIC, MILITARY ROAD, MAROL,

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

Telephone no.:	Mobile no: 919833130300	Email : gracian.pereira@vfvftd.com
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DOB: Jun 02, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158221 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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Application Form for Examination of Summer Session 2021 event.

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

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Dhaval

PRN: 2018016402138744	Eligibility Status: Eligible	Examination form No.: 000076 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHHEDA DHAVAL CHETAN	Mother's Name: JALPA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: Dhaval

Address: B-505, Nav Dombivli CHS, Ursekarwadi, Dombivli East
--

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

Telephone no.:	Mobile no: 917021445942	Email : dhaval.1617@rediffmail.com
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DOB: Jun 17, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158200 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138752	Eligibility Status: Eligible	Examination form No.: 000077 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI AYUSHI ATUL	Mother's Name: ARUNA	Gender: Female
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Name in Vernacular Language: BHANUSHALI AYUSHI ATUL

Address: 403 VISHNU TOWER PK ROAD MULUND WEST

City: MULUND, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.: 25604594	Mobile no: 919930527027	Email : ayushibhanushali04@gmail.com
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DOB: Jan 04, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158189 (Status: Fail)
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Exam form appearance type: Fresher

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

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138767	Eligibility Status: Eligible	Examination form No.: 000078 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VORA VATSAL VIPUL	Mother's Name: RUPA	Gender: Male
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Name in Vernacular Language: वरसल

Address: 17TH OLD KIRTI VIHAR NEAR SARVODAYA HOSPITAL GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919029747055	Email : vcube46@gmail.com
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DOB: Jun 30, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158116 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138775	Eligibility Status: Eligible	Examination form No.: 000079 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHETHIA DISHA BHARAT	Mother's Name: JIGNA	Gender: Female
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Name in Vernacular Language: शेठीया दिशा भरत
--

Address: B-3,KALPATARU CHS PLOT NO-53,54,55 SEC-14,VASHI
--

City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703
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Telephone no.: 27837982	Mobile no: 919867282959	Email : dishashethia7@gmail.com
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DOB: Mar 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158178 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138791	Eligibility Status: Eligible	Examination form No.: 000080 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOSHI SWATI DEVENDRA	Mother's Name: KAMINI	Gender: Female
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Name in Vernacular Language: ज्योशी स्वाती देवेंद्र

Address: 103/ Shri Swami Samarth Apartment Dattawadi
--

City: Badlapur East, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421503

Telephone no.:	Mobile no: 918600454758	Email : joshiswati1304@gmail.com
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DOB: Apr 13, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158134 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Ruchi

PRN: 2018016402138802	Eligibility Status: Eligible	Examination form No.: 000081 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH RUCHI GAUTAM	Mother's Name: MITA	Gender: Female
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Name in Vernacular Language: रुची

Address: H/4 NAVJYOT SOCIETY SAINATH NAGAR L.B.S MARG

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

Telephone no.: 25004606	Mobile no: 919920722504	Email : ruchishah2801@gmail.com
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DOB: Jan 28, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158107 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Vatsal Vinod

PRN: 2018016402138817	Eligibility Status: Eligible	Examination form No.: 000082 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VADOR VATSAL VINOD	Mother's Name: JAYSHREE	Gender: Male
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Name in Vernacular Language: वाडोर वत्सल विनोद

Address: B-301, Integrated Bhoomi, Near Patidarwadi, L.B.S Marg, Ghatkopar (West).

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

Telephone no.:	Mobile no: 919930922799	Email : bhanushalivatsal143@gmail.com
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DOB: Feb 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158188 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138833	Eligibility Status: Eligible	Examination form No.: 000083 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHETH ZEAL JAYANTLAL	Mother's Name: DIVYA	Gender: Female
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Name in Vernacular Language: SHETH ZEAL JAYANTLAL

Address: FLAT NO-9, PLOT NO-8, SURYA NIWAS, 2ND FLOOR, NEAR AXIS BANK, SION(WEST)

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400022
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Telephone no.: 24023621	Mobile no: 919820080994	Email : zealsheth1110@gmail.com
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DOB: Oct 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158108 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Chintan Pandya

PRN: 2018016402138872	Eligibility Status: Eligible	Examination form No.: 000084 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANDYA CHINTAN DHARMENDRA	Mother's Name: KRUPA	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: पंड्या चिंतन धर्मंद
--

Address: 1, trivedi building khokhani lane patel chowk ghatkopar east

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

Telephone no.:	Mobile no: 918097472671	Email : pandyachintan115@gmail.com
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DOB: Feb 09, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158090 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138906	Eligibility Status: Provisional	Examination form No.: 000085 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: BHANUSHALI BHUMI NANJI	Mother's Name: LAXMI	Gender: Female
Name in Vernacular Language: BHANUSHALI BHUMI NANJI		
Address: A/403, SWASTIK PARK UMESH NAGAR, RETI BUNDAR ROAD DOMBIVLI(WEST)		
City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202		
Telephone no.:	Mobile no: 918355951314	Email : vbhanushali15@gmail.com
DOB: Feb 18, 2001	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)		Exam Event: Dec-2020
		Seat No: RDP1158054 (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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	Student's Signature

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138945	Eligibility Status: Eligible	Examination form No.: 000086 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH ESHA OJAS	Mother's Name: SHEETAL	Gender: Female
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Name in Vernacular Language: **शहा**

Address: B202, Saidarshan apt, garden lane L.B.S.Marg, ghatkopar west

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

Telephone no.:	Mobile no: 919870296512	Email : ojas_74@yahoo.com
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DOB: Dec 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158105 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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

Date:		
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	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138984	Eligibility Status: Eligible	Examination form No.: 000087 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GATHANI LABDHI BHAVESH	Mother's Name: JESIKA	Gender: Female
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Name in Vernacular Language: गायत्री लब्धि भावेश

Address: 12 Prachi building,4th floor, Nathpai nagar 90 feet road, opp-cafe coffee day ghatkopar east. Mumbai 400077

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

Telephone no.: 25061744	Mobile no: 918169267027	Email : labdhigathani26@gmail.com
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DOB: Jul 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158205 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402138992	Eligibility Status: Eligible	Examination form No.: 000088 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAL AVINASH AMARBAHADUR	Mother's Name: DURGAWATI	Gender: Male
--	--------------------------	--------------

Name in Vernacular Language: पाल अविनाश अमरबाहादुर
--

Address: M/1, JAI BHARAT HSG SOC SUNDERBAUG, KAMANI KURLA WEST
--

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

Telephone no.:	Mobile no: 919619626479	Email : avinashpal1224@gmail.com
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DOB: Dec 24, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158145 (Status: Pass)
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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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139024	Eligibility Status: Eligible	Examination form No.: 000089 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MENDIGERI KIRAN SHIVANAND	Mother's Name: SAVITA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language:kiran

Address: A/10 , Tower-2 KURLA KAMGAR NAGAR KURLA{EAST} ,MUMBAI-24

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

Telephone no.: 25292670	Mobile no: 917021243711	Email : kiranmendigeri@yahoo.com
-------------------------	-------------------------	----------------------------------

DOB: May 20, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158143 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	<p>Student's Signature</p>

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139055	Eligibility Status: Eligible	Examination form No.: 000090 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAVALE MAYURESH DURGADAS	Mother's Name: UJAWALA	Gender: Male
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Name in Vernacular Language: मयुरेश

Address: 302, suryadarshan apt ,sec 9 , navi mumbai , airoli , maharashtra - 400708

City: navi mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400708
--

Telephone no.:	Mobile no: 917045115388	Email : mayureshsavale08@gmail.com
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DOB: Jun 08, 2000	Category: Reserved (SBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158225 (Status: Pass)
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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):

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Pankti

PRN: 2018016402139071	Eligibility Status: Eligible	Examination form No.: 000091 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JOSHI PANKTI BHAVESH	Mother's Name: TRUPTI	Gender: Female
---	-----------------------	----------------

Name in Vernacular Language: पंक्ती

Address: 12/90 neelkanth kutir, garodia nagar 90 ft road ghatkopar east

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

Telephone no.:	Mobile no: 919004423286	Email : panktijoshi1700@gmail.com
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DOB: Apr 17, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158133 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date: Student's Signature
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Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Jain

PRN: 2018016402139094	Eligibility Status: Eligible	Examination form No.: 000092 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information			
Student's Name: JAIN JENISH JAYESH	Mother's Name: SHILPA	Gender: Male	
Name in Vernacular Language: JENISH			
Address: C/5 BASANT COURT 2nd FLOOR 'B' WING OPP. SION RAILWAY STATION SION EAST			
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400022			
Telephone no.:	Mobile no: 918879908031	Email : jenish.jain09@gmail.com	
DOB: Jan 09, 2000	Category: Open	Physically Handicap: No	
Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)		Exam Event: Dec-2020	Seat No: RDP1158132 (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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139113	Eligibility Status: Eligible	Examination form No.: 000093 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RATHOD RITI VIMAL	Mother's Name: SHOBHA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: RITI

Address: 1102 tower 2 vikas paradise near shantoshi mata temple mulund west

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

Telephone no.: 25654045	Mobile no: 919892994172	Email : rriti@gmail.com
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DOB: Jan 28, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158100 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139121	Eligibility Status: Eligible	Examination form No.: 000094 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DOSHI DIVYA CHANDRAKANT	Mother's Name: ALPA	Gender: Male
--	---------------------	--------------

Name in Vernacular Language: DIVYA

Address: 136,3RD FLOOR,SARVODAYA TRUST BLDG., GOKHALE ROAD , DADAR (W)
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400028
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Telephone no.:	Mobile no: 919920897693	Email : divyadoshi90@gmail.com
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DOB: Jan 30, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158126 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Denish

PRN: 2018016402139144	Eligibility Status: Eligible	Examination form No.: 000095 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SATRA DENISH RAJESH	Mother's Name: MUKTA	Gender: Male
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Name in Vernacular Language: सत्र डेनिश राजेश

Address: 604, gautam sindhu , opp. aradhana talkies, panchpakhadi, thane west

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

Telephone no.:	Mobile no: 918082299938	Email : denish121satra@gmail.com
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DOB: Jun 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158159 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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RiaA

PRN: 2018016402139152	Eligibility Status: Eligible	Examination form No.: 000096 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AZAD RIA SANJEEV	Mother's Name: ANJU	Gender: Female
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Name in Vernacular Language: आझाद रिया संजीव

Address: 'A' Wing, Flat no. 602, Saileela Building, Jijamata Nagar. Near Mysore Colony, RCF road, Chembur, Mumbai-400074

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

Telephone no.:	Mobile no: 918169249354	Email : riaazadt@gmail.com
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DOB: Oct 03, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158051 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Parekh

PRN: 2018016402139167	Eligibility Status: Eligible	Examination form No.: 000097 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAREKH RUTVI KIRAN	Mother's Name: BEENA	Gender: Female
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Name in Vernacular Language: पारेख रुक्वि किरण

Address: A/101 PARASNATH SUDHA PARK OPP SHANTI PARK LANE NEAR POLICE HOCKEY GROUND GHATKOPAR EAST

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

Telephone no.: 25065642	Mobile no: 919769673359	Email : rutviparekh4@gmail.com
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DOB: Nov 23, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158092 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139175	Eligibility Status: Eligible	Examination form No.: 000098 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA RUPANSHI LALIT	Mother's Name: MEENA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: रूपांशी मेहता
--

Address: A/503,neelkhanth CHS, makhmali talav thane(w)
--

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400602
--

Telephone no.: 25443731	Mobile no: 919930666550	Email : mehtajinal291@gmail.com
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DOB: Sep 28, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158142 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date: Student's Signature
---	--

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139225	Eligibility Status: Provisional	Examination form No.: 000100 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAYRAJ AGRAWAL	Mother's Name: REKHA	Gender: Male
---------------------------------------	----------------------	--------------

Name in Vernacular Language: जयराज अग्रवाल
--

Address: 104 Balaji Garden New Mandi Road Fafadih Chowk

City: Raipur, Taluka: Raipur, District: Raipur, State: Chhattisgarh, PIN: 492009
--

Telephone no.:	Mobile no: 918435502517	Email : jayraj.agrawal@yahoo.com
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DOB: Nov 05, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158120 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139233	Eligibility Status: Eligible	Examination form No.: 000101 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHHADWA SIDDHANT PRAFUL	Mother's Name: JAGRUTI	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: CHHADWA SIDDHANT PRAFUL
--

Address: 402,RADHA KRISHNA KUNJ 9TH CROSS ROAD CHEMBUR
--

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

Telephone no.: 25280513	Mobile no: 919833211886	Email : siddhantchadwa@gmail.com
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DOB: Aug 16, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158056 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139264	Eligibility Status: Eligible	Examination form No.: 000102 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LADWA MEHUL HASMUKH	Mother's Name: DAKSHA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: LADWA MEHUL HASMUKH
--

Address: 4TH WADI DHARAVI KUMBHARWADA NEAR HANUMAN MANDIR DHARAVI

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400017
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Telephone no.:	Mobile no: 919892665178	Email : ladwamehu198906@gmail.com
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DOB: Apr 06, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158137 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Handwritten signature

PRN: 2018016402139345	Eligibility Status: Eligible	Examination form No.: 000103 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA KHUSHI PRAKASH	Mother's Name: JOSHANA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: मेहता खुशी प्रकाश

Address: 504 SHRI GURU KRUPA SOCIETY MAKHMALI TALAV LBS MARG TAHNE WEST

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

Telephone no.:	Mobile no: 918779785778	Email : gaurav29agarwal@gmail.com
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DOB: Nov 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158217 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139403	Eligibility Status: Eligible	Examination form No.: 000105 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KRISHA HIREN SHETH	Mother's Name: TEJAL	Gender: Female
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Name in Vernacular Language: शेट क्रिशा हिरेन

Address: 702,MOKSH MAHAL CHS P.K ROAD, SARVODAYA NAGAR MULUND(WEST)

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

Telephone no.: 25922343	Mobile no: 919820811090	Email : SHETHHIREN73@GMAIL.COM
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DOB: Aug 25, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158176 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139434	Eligibility Status: Eligible	Examination form No.: 000106 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: SURANA SAKSHI DINESH	Mother's Name: REKHA	Gender: Female
Name in Vernacular Language: सुराणा साक्षी दिनेश		
Address: BUILDING NUMER 56 FLAT NO.1304 NRI COMPLEX SECTOR 56 SEAWOODS		
City: Navi Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400706		
Telephone no.:	Mobile no: 919022941750	Email : suranashubham08@gmail.com
DOB: Jun 16, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158185 (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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139442	Eligibility Status: Provisional	Examination form No.: 000107 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHITTANGARA JEROME THOMAS	Mother's Name: PHILOMENA THOMAS	Gender: Male
--	---------------------------------	--------------

Name in Vernacular Language: चित्तनगरा जेरॉम थॉमस

Address: 1 B SHIV KALYAN APTS GANESHWADI KALYAN EAST

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

Telephone no.:	Mobile no: 919930991330	Email : philo.toms@gmail.com
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DOB: Nov 17, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158124 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139465	Eligibility Status: Eligible	Examination form No.: 000108 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHEKDAR AMOGH SHARAD	Mother's Name: SMITA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: शेकदार अमोघ शरद
--

Address: 31/1091 Sheetal society Subhash Nagar N.G. Acharya Marg
--

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

Telephone no.:	Mobile no: 919869816541	Email : amoghshekar10@gmail.com
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DOB: Dec 29, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158231 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139481	Eligibility Status: Eligible	Examination form No.: 000109 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PALWE AKSHADA MACHHINDRA	Mother's Name: GODABAI	Gender: Female
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Name in Vernacular Language: पालवे अक्षदा मछिंद्र

Address: NEAR RUPAL INDUSTRIES, SHRI DATTA DARSHAN SAHAKARI GRUHA NIRAMA SOCIETY BHATWADI GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919004315960	Email : palweakshada@gmail.com
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DOB: Jun 21, 2000	Category: Reserved (NT-3 (NT-D))	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158146 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139515	Eligibility Status: Eligible	Examination form No.: 000110 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SATRA HEET KETAN	Mother's Name: MANISHA	Gender: Male
---	------------------------	--------------

Name in Vernacular Language: SATRA HEET KETAN

Address: B-23, ROOM NO. - 6 NEW SIDDHIVINAYAK C.H.S. SECTOR-14, VASHI, NAVI MUMBAI
--

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

Telephone no.: 27880576	Mobile no: 918879400219	Email : satraheet2000@gmail.com
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DOB: Dec 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158160 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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harsh

PRN: 2018016402139546	Eligibility Status: Eligible	Examination form No.: 000111 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HARSH SANGHVI	Mother's Name: CHARU	Gender: Male
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Name in Vernacular Language: हर्ष संघवी

Address: 302 mahavir symphony, zaver road , mulund -west , mumbai -400080 302 mahavir symphony, Zaver Road, mulund-west, mumbai-400080
--

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080
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Telephone no.:	Mobile no: 918169711549	Email : harshsanghvi2000@gmail.com
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DOB: Oct 21, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158158 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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MEHTA

PRN: 2018016402139562	Eligibility Status: Eligible	Examination form No.: 000112 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHAITANYA MILAN MEHTA	Mother's Name: PRERANA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: CHAITANYA
--

Address: B/501 KAILASH JYOT NO. 1 DERASAR LANE GHATKOPAR EAST

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

Telephone no.:	Mobile no: 919664240145	Email : chaitanyamehta159@gmail.com
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DOB: Sep 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158140 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139604	Eligibility Status: Eligible	Examination form No.: 000113 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ACHARYA TITHI SAMIR	Mother's Name: SWATI	Gender: Female
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Name in Vernacular Language: आचार्य तिथी समीर

Address: A-18, MAHALAXMI APARTMENT, M.G. ROAD, VISHNU NAGAR, DOMBIVLI (WEST)
--

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

Telephone no.:	Mobile no: 919869869576	Email : tithiacharya.ta@gmail.com
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DOB: Jul 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158118 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139627	Eligibility Status: Eligible	Examination form No.: 000114 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THORAT DIVYAL AVINASH SANGEETA	Mother's Name: SANGEETA	Gender: Male
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Name in Vernacular Language: divyal

Address: laxmi residency B1/706 khardigaon
--

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

Telephone no.:	Mobile no: 919664580933	Email : divyal2000thorat@gmail.com
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DOB: Dec 06, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158113 (Status: Pass)
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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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139701	Eligibility Status: Eligible	Examination form No.: 000115 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH RIYA KETAN	Mother's Name: PREETI	Gender: Female
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Name in Vernacular Language: RIYA

Address: 15 GAYATRI DARSHAN ZAVER ROAD
--

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

Telephone no.: 25614272	Mobile no: 919920936720	Email : jeelshah180@gmail.com
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DOB: Nov 24, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158106 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139747	Eligibility Status: Eligible	Examination form No.: 000116 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information				
Student's Name: GADA DHARMIL DHIREN			Mother's Name: DIMPLE	Gender: Male
Name in Vernacular Language: DHARMIL				
Address: 6 DEVYANI SOCIETY RAMWADI NAUPADA				
City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400602				
Telephone no.: 25421269		Mobile no: 919699436699		Email : gada.dharmil@gmail.com
DOB: Jun 17, 2000	Category: Open		Physically Handicap: No	
Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)			Exam Event: Dec-2020	Seat No: RDP1158063 (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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Akshay

PRN: 2018016402139786	Eligibility Status: Eligible	Examination form No.: 000117 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAH AKSHAY VIPUL	Mother's Name: NIKETA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: शाह अक्षय विपुल
--

Address: ROOM NO.11, JAMNADAS SADAN L.B.S ROAD, GHATKOPAR(WEST)

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

Telephone no.:	Mobile no: 919930881424	Email : VIDHISHAH742@GMAIL.COM
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DOB: Apr 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158226 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139813	Eligibility Status: Eligible	Examination form No.: 000118 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI KHYATI VASANTLAL	Mother's Name: MANJULA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: भानुशाली ख्याती वसंतलाल
--

Address: 353/1 Dev Kunj , R B Mehta Marg , Ghatkopar (East)

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

Telephone no.:	Mobile no: 918879327006	Email : bhanushalimihir15@gmail.com
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DOB: Mar 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158198 (Status: Pass)
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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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date: Student's Signature
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Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139821	Eligibility Status: Eligible	Examination form No.: 000119 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DSOUZA MOSES VIJAY	Mother's Name: SEEMA	Gender: Male
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Name in Vernacular Language: डीसोजा मोसेस विजय

Address: 21/1 floor, perpetual resort, next to Rbi quaters, Chembur, Mumbai

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

Telephone no.:	Mobile no: 917021616539	Email : reginadsouza20@gmail.com
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DOB: Feb 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158061 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139844	Eligibility Status: Eligible	Examination form No.: 000120 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SOLANKI BHAVANA KISHORE	Mother's Name: PRABHA	Gender: Female
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Name in Vernacular Language: सोळंकी भावना किशोर

Address: Near Chembur Station P L Lokhande Marg Room No 11 Municipal Bldg No 3 Kamgar Vasahat

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

Telephone no.:	Mobile no: 919702639423	Email : 4109570mcgm@gmail.com
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DOB: Dec 25, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158233 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN:

2018016402139902

Eligibility Status:

Eligible

Examination form No.:

000122



Division/Section:

Roll No.:

Tirth

Instruction Medium:

Nationality:

India

Student's Personal Information

Student's Name: **SHAH TIRTH NITIN**

Mother's Name: CHAMPA

Gender: Male

Name in Vernacular Language: तीर्थ

Address: 609, sheetal apartment, 1st floor swami nityanand road near gokhale hall

City: mumbai, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410206

Telephone no.: 27452517

Mobile no: 919022227702

Email : shahtirth76@gmail.com

DOB: Dec 20, 2000

Category: Open

Physically Handicap: No

Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)

Exam Event: Dec-2020

Seat No: RDP1158170 (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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

Place:

Date:

College Staff Signature

Seal and Signature of
Principal/HOD/Chairperson



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Amaan

PRN: 2018016402139925	Eligibility Status: Eligible	Examination form No.: 000123 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHAN AMAAN NISAR	Mother's Name: NASRIN	Gender: Male
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Name in Vernacular Language: खान अमान निसार

Address: GOPAL APT. GROUND FLOOR FLAT NO A/2 NARAYAN NAGAR ANAND KOLIWADA MUMBRA

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

Telephone no.:	Mobile no: 917718011178	Email : a7718011178@gmail.com
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DOB: Dec 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158078 (Status: Fail)
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Exam form appearance type: Fresher

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

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139933	Eligibility Status: Eligible	Examination form No.: 000124 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SANGHAVI HASTHI DHARMENDRA	Mother's Name: PREETI	Gender: Female
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Name in Vernacular Language:हस्तती

Address: b/16 anant niwas senapati bapat marg near gomantak hotel, dombivali east

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

Telephone no.: Mobile no: 918286617872 Email : hastisanghavi001@gmail.com

DOB: Jun 06, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16) Exam Event: Dec-2020 Seat No: RDP1158157 (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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402139956	Eligibility Status: Eligible	Examination form No.: 000126 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL SHUBHAM PURSOTAM	Mother's Name: NAINA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: पटेल शुभम पुरसोतम
--

Address: 105 ,B WING, Ratan Garden , aman talkies road, near chopda court ,ulhasnagar-3

City: ulhasnagar, Taluka: Ulhasnagar, District: Thane, State: Maharashtra, PIN: 421003
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Telephone no.:	Mobile no: 917038580044	Email : 1234kalariya@gmail.com
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DOB: Dec 31, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158149 (Status: Pass)
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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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140012	Eligibility Status: Eligible	Examination form No.: 000127 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MOHD SHOAB AKHTAR MOHD FIROZ ALAM	Mother's Name: RUMI PRAVEEN	Gender: Male
---	-----------------------------	--------------

Name in Vernacular Language: मोहद शोएब अख्तर मोहद फिरोझ आलं

Address: ROOM No 112, Bldg No 26 Maharashtra Nagar Mankhurd

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

Telephone no.:	Mobile no: 919820176461	Email : mohdshoabakhtar477@gmail.com
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DOB: Jan 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158086 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140027	Eligibility Status: Eligible	Examination form No.: 000128 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTAHETALOMPRAKAAH	Mother's Name: KALPANA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: MehtaHetalOmprakash
--

Address: 01abhinandan apartment Kholeshwar laxminagar akola 01abhinandan apartment Kholeshwar laxminagar akola 01abhinandan apartment Kholeshwar laxminagar akola

City: Akola, Taluka: Akola, District: Akola, State: Maharashtra, PIN: 444001
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Telephone no.:	Mobile no: 919511873367	Email : hetalmehta258@gmail.com
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DOB: Apr 12, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158141 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date: Student's Signature
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Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140043	Eligibility Status: Eligible	Examination form No.: 000129 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN HIMANK SANJAY	Mother's Name: CHANDA	Gender: Male
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Name in Vernacular Language: जैन हिमांक संजय

Address: JAIN HARDWARE AKOT ROAD OPPOSITE HOMIOPATHIC COLLEGE

City: AKOLA, Taluka: Akola, District: Akola, State: Maharashtra, PIN: 444001

Telephone no.:	Mobile no: 917756089765	Email : himankj62@gmail.com
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DOB: Nov 17, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158073 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Adit Parekh

PRN: 2018016402140066	Eligibility Status: Eligible	Examination form No.: 000130 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAREKH SMIT DIVYESH	Mother's Name: BHAVANA	Gender: Male
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Name in Vernacular Language: स्मित

Address: 147/4014, SURYADARSHAN CHS. LTD. Vallabh baug Ext. Lane, GHATKOPAR -EAST MUMBAI -400075

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

Telephone no.: 25066156	Mobile no: 917506267870	Email : smitparekh00@gmail.com
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DOB: Sep 13, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158148 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140074	Eligibility Status: Eligible	Examination form No.: 000131 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PRAJAPATI HIMANSHU KESHAV PRASAD	Mother's Name: NEELAM DEVI	Gender: Male
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Name in Vernacular Language: प्रजापती हिमांशू केशव प्रसाद

Address: PIMPLESHWAR MAHADEV CHS ALPA PARK A/505 CHIRAG NAGAR LBS MARG GHATKOPAR WEST

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

Telephone no.:	Mobile no: 917977085778	Email : himanshukprajapati@gmail.com
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DOB: Jun 16, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158152 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140097	Eligibility Status: Eligible	Examination form No.: 000132 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GALA NEVIL SAMIR	Mother's Name: RITA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: नेविल गालो

Address: 901, Parshva Apartment, Dr. Ambedkar Road, Mulund West, Mumbai 901, Parshva Apartment, Dr. Ambedkar Road, Mulund West, Mumbai
--

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

Telephone no.: 25648159	Mobile no: 918691888222	Email : nevilgala12395@gmail.com
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DOB: Jun 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158204 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140147	Eligibility Status: Eligible	Examination form No.: 000133 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KHUSHBU AGARWAL	Mother's Name: BHAVANA	Gender: Female
--	------------------------	----------------

Name in Vernacular Language: खुशबू

Address: A/301, Parijat Apt, Hans Nagar, Khopat, Thane (West)

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

Telephone no.:	Mobile no: 919619673844	Email : Agawalkhushbu119@gmail.com
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DOB: Dec 12, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158119 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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KGB

PRN: 2018016402140155	Eligibility Status: Eligible	Examination form No.: 000134 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANGALE KSHITIJ GUNWANT	Mother's Name: SMITA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: भंगाळे क्षितिज गुणवंत
--

Address: PLOT 41 301 Nakoda Apartments Near PMM School
--

City: Ambarnath, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421501
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Telephone no.:	Mobile no: 918600694284	Email : ksekaran1958@gmail.com
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DOB: Dec 03, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158196 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140163	Eligibility Status: Eligible	Examination form No.: 000135 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LODAYA SAKSHI KALPESH	Mother's Name: SMITA	Gender: Female
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Name in Vernacular Language: लोडया साक्षी कल्पेश

Address: 1201/1202 marigold exotic 12th floor Near saidham off p k road mulund west Behind pooja blood bank

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

Telephone no.: 25615711	Mobile no: 919987017962	Email : sakshilodaya@gmail.com
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DOB: Sep 12, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158138 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Niharika

PRN: 2018016402140194	Eligibility Status: Eligible	Examination form No.: 000136 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TIBREWAL NIHARIKA SANDEEP	Mother's Name: NAMITA	Gender: Female
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Name in Vernacular Language: नमिता

Address: A/2 304 KISHORE NAGAR ABOVE UBI THANE (EAST)

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

Telephone no.: 25325538	Mobile no: 919702970076	Email : niharikaradhika@gmail.com
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DOB: Nov 25, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158235 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140205	Eligibility Status: Provisional	Examination form No.: 000137 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DIKSHA SINGH	Mother's Name: ANITA	Gender: Female
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Name in Vernacular Language: दीक्षा सिंग

Address: Flat no 303, 3rd floor, krishna apt Zp hills, ambarnath west

City: ambarnath, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421501

Telephone no.:	Mobile no: 917900017908	Email : diksha02711@gmail.com
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DOB: Nov 27, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158109 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

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

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Shahena

PRN: 2018016402140244	Eligibility Status: Eligible	Examination form No.: 000138 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH SHAHEENA RAHIL AHMED	Mother's Name: AMINA	Gender: Female
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Name in Vernacular Language: शेख शाहीना राहील अहमद
--

Address: room no 201 b wing shamim tower kurla eastt
--

City: mumbai , Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400024
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Telephone no.:	Mobile no: 918291195281	Email : shaheenask039@gmail.com
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DOB: Jul 25, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158229 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140252	Eligibility Status: Eligible	Examination form No.: 000139 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SANGHAVI MARDAV KAUSHIK	Mother's Name: KALPANA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language:mardav

Address: 103 link tower hira nagar nahur mulund west
--

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

Telephone no.: 25684993	Mobile no: 919867168606	Email : mardavsanghavi@gmail.com
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DOB: Dec 16, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158224 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Aayushi

PRN: 2018016402140267	Eligibility Status: Eligible	Examination form No.: 000140 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL AAYUSHI HEMANT	Mother's Name: REKHA	Gender: Female
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Name in Vernacular Language: आयुशी हेमंत पटेल

Address: A-601, Patel Heights, Plot No.15,16,17, Opp. Rajiv Gandhi College, Sector-7, Ghansoli, Navi Mumbai.
--

City: Navi Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400701
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Telephone no.:	Mobile no: 918080754672	Email : aayunss07@gmail.com
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DOB: Apr 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158094 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140275	Eligibility Status: Eligible	Examination form No.: 000141 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GAYE BRENDA IVAN	Mother's Name: DOLORES	Gender: Female
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Name in Vernacular Language: गाये ब्रॅण्ड इवान
--

Address: Lodha Luxuria, Fairfield-B majiwada, thane west 400601

City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 919702760062	Email : Brenda7770@gmail.com
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DOB: Sep 06, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158068 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140283	Eligibility Status: Provisional	Examination form No.: 000142 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ADITYA SHARMA	Mother's Name: KIRAN	Gender: Male
--------------------------------------	----------------------	--------------

Name in Vernacular Language: आदित्य

Address: 7th Lane Rajat Jewelers Sarafa Bazar

City: Itarsi, Taluka: Itarsi, District: Hoshangabad, State: Madhya Pradesh, PIN: 461111

Telephone no.: 241161	Mobile no: 919752371001	Email : saditya.as85@gmail.com
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DOB: Feb 21, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158175 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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

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

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PRN: 2018016402140291	Eligibility Status: Eligible	Examination form No.: 000143 	Division/Section:	Roll No.:	<i>Sonali</i>
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL SONALI BHARAT	Mother's Name: SANDHYA	Gender: Female
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Name in Vernacular Language: पटेल सोनाली भरत

Address: B/29, SARITA VISHWAKARMA NAGAR MULUND (WEST), MUMBAI-400080.

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

Telephone no.: Mobile no: 917045930694 Email : sonalipatel0027@gmail.com

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

Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16) Exam Event: Dec-2020 Seat No: RDP1158097 (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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140317	Eligibility Status: Eligible	Examination form No.: 000144 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AVHAD TEJAS SANTOSH	Mother's Name: REKHA	Gender: Male
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Name in Vernacular Language: आव्हाड तेजस संतोष

Address: 12/A,203, SANCHI SOCIETY MUKUND NAGAR VASHINAKA

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

Telephone no.:	Mobile no: 919702910867	Email : tejasavhad2000@gmail.com
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DOB: Nov 18, 2000	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158194 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Neel

PRN: 2018016402140333	Eligibility Status: Eligible	Examination form No.: 000145 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: GADA NEEL PADAMSHI	Mother's Name: KASTUR	Gender: Male
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Name in Vernacular Language: neel

Address: 3H/32 KALPATARU AURA OPP.R CITY MALL GHATKOPAR WEST MUMBAI-400086
--

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086
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Telephone no.: 25001849	Mobile no: 919819532795	Email : neelgada321@gmail.com
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DOB: Mar 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158064 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140437	Eligibility Status: Eligible	Examination form No.: 000146 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAVLA ANKIT PRAVIN	Mother's Name: SARITA	Gender: Male
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Name in Vernacular Language: अंकित सावळा
--

Address: A903 mahatama jotiba phule society next to endavour society vidhyalayroad mulund east
--

City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400081
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Telephone no.:	Mobile no: 917303434426	Email : savlaankit26@gmail.com
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DOB: Feb 28, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158161 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140492	Eligibility Status: Provisional	Examination form No.: 000147 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PAYAL PUNDALIK GAWDE	Mother's Name: SHREYA	Gender: Female
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Name in Vernacular Language: payal

Address: A-33, Shree Charan Kamal CHS Plot-10, Sector-14 Koperkhairane, Navi Mumbai

City: Navi Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400709
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Telephone no.:	Mobile no: 919619128322	Email : payalgawde@yahoo.in
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DOB: Jan 14, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158067 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140534	Eligibility Status: Eligible	Examination form No.: 000148 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH SOPIYA CHAND	Mother's Name: SALMA	Gender: Female
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Name in Vernacular Language: शेख सोपिया चंद

Address: SIDDHA RAMESHWAR MANDIR ROOM NO. 31 BLDG. NO. 330, MHADA COLONY, PANTNAGAR, GHATKOPAR EAST,
--

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

Telephone no.:	Mobile no: 917506861868	Email : shaikhsopiya201818@gmail.com
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DOB: Jan 11, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158174 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140542	Eligibility Status: Eligible	Examination form No.: 000149 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PATEL UNNATI ASHOK	Mother's Name: TULSI	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: पटेल उन्नती अशोक

Address: 701, BILLESHWAR TOWER, P.K. ROAD, PANCH RASTA, MULUND WEST

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

Telephone no.: Mobile no: 919768331128 Email : ashokgp67@gmail.com

DOB: Apr 08, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16) Exam Event: Dec-2020 Seat No: RDP1158150 (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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Harshil

PRN: 2018016402140557	Eligibility Status: Eligible	Examination form No.: 000150 	Division/Section:	Roll No.:
Instruction Medium:			Nationality:	India

Student's Personal Information			
Student's Name: BAUVA HARSHIL ARVIND	Mother's Name: URMILA	Gender: Male	
Name in Vernacular Language: Bauva harshil arvind			
Address: 501, KASHAPIEDA CHS ANAND DIGHE MARG, NEAR SHIVSENA SHAKA CHARAI			
City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601			
Telephone no.:	Mobile no: 919892206425	Email : bauvharshil27@gmail.com	
DOB: Jun 27, 2000	Category: Open	Physically Handicap: No	
Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)		Exam Event: Dec-2020	Seat No: RDP1158052 (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):			

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140615	Eligibility Status: Eligible	Examination form No.: 000151 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DHAL JYOTI ROOPSING	Mother's Name: BHAGWATI	Gender: Female
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Name in Vernacular Language: ढल ज्योति रूपसिंग

Address: SHREERAM RESIDENCY R-1,204 NEAR L.I.C OFFICE STATION ROAD, AMBERNATH EAST

City: AMBARNATH, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421501

Telephone no.: 2609107	Mobile no: 919527955508	Email : DHAL_AJAY@YAHOO.CO.IN
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DOB: Feb 04, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158202 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140646	Eligibility Status: Eligible	Examination form No.: 000152 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KATHIRYA PRACHI MAHESHBHAI	Mother's Name: REKHABEN	Gender: Female
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Name in Vernacular Language: कठिर्या प्राची महेशभाई

Address: 502 SAI RAJ APT. PLOT NO 79 SECTOR 14 KOPAR KHAIRNE NAVI MUMBAI

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

Telephone no.:	Mobile no: 919320012111	Email : prachi_k14@yahoo.in
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DOB: May 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158210 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2018016402140677	Eligibility Status: Provisional	Examination form No.: 000153 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JANI NISHI HITESHKUMAR	Mother's Name: UMA	Gender: Female
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Name in Vernacular Language: जणी निशी हितेशकुमार
--

Address: 1003 ,Enkay Classic, plot number 120 sec5 ,Ulwe node ,Navi Mumbai
--

City: NAVI MUMBAI, Taluka: Uran, District: Raigad, State: Maharashtra, PIN: 410206
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Telephone no.:	Mobile no: 919820642010	Email : nishijani02@gmail.com
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DOB: Oct 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158075 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Alifya

PRN: 2018016402140685	Eligibility Status: Eligible	Examination form No.: 000154 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ENGINEER ALIFYA FIROZ	Mother's Name: SAKINA	Gender: Female
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Name in Vernacular Language: Alifya

Address: 2401, Fairfield C Lodha Luxuria Majiwada

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

Telephone no.:	Mobile no: 918369005603	Email : alifya8900@gmail.com
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DOB: Sep 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158062 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

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

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Handwritten signature

PRN: 2018016402140712	Eligibility Status: Eligible	Examination form No.: 000155 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI HETAL DEEPAK	Mother's Name: KAMLA	Gender: Female
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Name in Vernacular Language: hetal

Address: 15, kateshwari darshan tukaram nagar ayre road

City: dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201
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Telephone no.:	Mobile no: 919167666001	Email : bhanushalihetal000@gmail.com
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DOB: Nov 17, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158122 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	<p>Place: Vidyavihar</p> <p>Date:</p>
	<p>Student's Signature</p>

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Mehak

PRN: 2018016402140727	Eligibility Status: Eligible	Examination form No.: 000156 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ARORA MEHAK SUNIL	Mother's Name: SHILPA	Gender: Female
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Name in Vernacular Language:mehak

Address: bhoomi colossa flat no 1802 sector 19 airoli navi mumbai

City: navi mumbai, Taluka: , District: Thane, State: Maharashtra, PIN: 400708

Telephone no.:	Mobile no: 918369153366	Email : medicalequip1968@gmail.com
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DOB: Feb 25, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158050 (Status: Pass)
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Exam form appearance type: Fresher

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

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2021 event.

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

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PRN: 2018016402140751	Eligibility Status: Eligible	Examination form No.: 000157 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SOLANKI DHAVAL VINOD	Mother's Name: PAYAL	Gender: Male
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Name in Vernacular Language: धवल सोलंकी

Address: 4/A, 1st floor, mahendra villa, Jv road, khot lane Ghatkopar west, mumbai

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

Telephone no.: 25113367	Mobile no: 919987347767	Email : dhavalsolanki21052000@gmail.com
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DOB: May 21, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158182 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Rajvi

PRN: 2018016402140766	Eligibility Status: Eligible	Examination form No.: 000158 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAVLA RAJVI NILESH	Mother's Name: MEGHANA	Gender: Female
---	------------------------	----------------

Name in Vernacular Language: सावळा राजवी निलेश

Address: 27/52, DIVYA DARSHAN, JAGDUSHA NAGAR, GHATKOPAR WEST

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

Telephone no.:	Mobile no: 919833770745	Email : savlameghna@gmail.com
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DOB: Nov 23, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158104 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2021 event.

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

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Ayushi

PRN: 2018016402140774	Eligibility Status: Eligible	Examination form No.: 000159 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LODAYA AYUSHI AMIT	Mother's Name: TEJNA	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: लोडया आयुषी अमित

Address: 203,mukund sadan anand nagar,pandit d d road dombivli west (421202)
--

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

Telephone no.:	Mobile no: 917303405062	Email : lodayaayushi@gmail.com
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DOB: Mar 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158214 (Status: Pass)
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Exam form appearance type: Fresher

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402140797	Eligibility Status: Provisional	Examination form No.: 000160 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RATHI ARUSHI RADHESHYAM	Mother's Name: SUSHMA	Gender: Female
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Name in Vernacular Language: राठी आरुषी राधेश्याम

Address: VASANTNAGAR,RATHI HOSIPTAL AT.POST MANORA,MANORA

City: MANORA, Taluka: Manora, District: Washim, State: Maharashtra, PIN: 444404

Telephone no.:	Mobile no: 918605820314	Email : ameya10162@gmail.com
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DOB: Nov 15, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158155 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Mange

PRN: 2018016402140824	Eligibility Status: Eligible	Examination form No.: 000161 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANGE YASH ARVIND	Mother's Name: SHEETAL	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: मंगे यश अरविंद

Address: H.No 1826 Odhav sadan Behind maya bazaar, At post: Ghoti

City: Nashik, Taluka: Igatpuri, District: Nashik, State: Maharashtra, PIN: 422402

Telephone no.:	Mobile no: 917972190329	Email : yash.mange00@gmail.com
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DOB: Jul 13, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158082 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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JAY

PRN: 2018016402140905	Eligibility Status: Eligible	Examination form No.: 000162 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BHANUSHALI JAY DHIRAJ	Mother's Name: JYOTI	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: jay

Address: c/20,shripad shrivallabh chs nr.joshi high school datar colony

City: dombivli, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 421201

Telephone no.:	Mobile no: 919820476397	Email : jaybhanushali2016@gmail.com
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DOB: Jun 21, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158197 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Rohini

PRN: 2018016402140913	Eligibility Status: Eligible	Examination form No.: 000163 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: HOTKAR ROHINI RAMESH	Mother's Name: DHANASHRI	Gender: Female
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Name in Vernacular Language: होटकर रोहिणी रमेश
--

Address: room no 18, marwadi chwal Ganesh mandir, kajupada kurla mumbai-400072
--

City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072

Telephone no.:	Mobile no: 917506761030	Email : rohinihotkar70@gmail.com
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DOB: Feb 10, 2001	Category: Reserved (SC)	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158207 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Mdoshi

PRN: 2018016402140921	Eligibility Status: Eligible	Examination form No.: 000164 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DOSHI MAHEK KAUSHIK	Mother's Name: DEEPA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: महेक दोशी
--

Address: B/25, ISHWARNAGAR , L.B.S MARG BHANDUP WEST, MUMBAI 48

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078

Telephone no.:	Mobile no: 918169746697	Email : mahekdoshi@live.com
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DOB: Sep 26, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158203 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402140936	Eligibility Status: Eligible	Examination form No.: 000165 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: TAKEKAR SIDDHI RAJENDRA	Mother's Name: TANVI	Gender: Female
---	----------------------	----------------

Name in Vernacular Language: टाकेकार सिद्धी राजेंद्र
--

Address: 86/12,GODREJ CREEKSIDE COLONY, PIROJSHANAGAR VIKHROLI EAST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079

Telephone no.:	Mobile no: 917506438609	Email : aishwaryatakekar@gmail.com
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DOB: Jun 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158111 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402140952	Eligibility Status: Provisional	Examination form No.: 000166 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PARIKH CHARMI NIKUNJ	Mother's Name: DARSHANA	Gender: Female
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Name in Vernacular Language: चार्मी

Address: 19/2 SONAL APPARTMENTS NEXT TO HOTEL AIRWAYS L.B.S MARG GHATKOPAR WEST

City: MUMBAI, Taluka: , District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919653449488	Email : charniparikh30@yahoo.com
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DOB: Sep 14, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158093 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402140967	Eligibility Status: Eligible	Examination form No.: 000167 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JETHVA JIGAR DHIRU	Mother's Name: JAYA	Gender: Male
---	---------------------	--------------

Name in Vernacular Language: जेठवा धीरु

Address: 24/4 mahadeo sadan 3rd cross street, dombivli west

City: dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202
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Telephone no.:	Mobile no: 917666284620	Email : jigarjethva07@gmail.com
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DOB: Oct 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158209 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date: Student's Signature
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Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402141031	Eligibility Status: Eligible	Examination form No.: 000168 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAIN DIYA BHARAT	Mother's Name: VAISHALI	Gender: Female
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Name in Vernacular Language: जैन दिया भारत

Address: 2 nd floor champa bhavan modak lane, gandhi chowk Kalyan

City: kalyan, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421301

Telephone no.:	Mobile no: 919820204865	Email : karanjain0108@gmail.com
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DOB: Nov 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158071 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402141135	Eligibility Status: Eligible	Examination form No.: 000169 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RANA SHUBH MAHENDRA	Mother's Name: DIPTI	Gender: Male
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Name in Vernacular Language: shubh

Address: Ambika Nagar, kotamgaon road, lasalgaon, tal-niphad, dist-nashik. rana steel, opp. datta mandir, vinchur road, lasalgaon.
--

City: Lasalgaon, Taluka: Niphad, District: Nashik, State: Maharashtra, PIN: 422306
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Telephone no.: 266160	Mobile no: 919422154450	Email : shubhrana7.sr@gmail.com
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DOB: Nov 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158154 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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BANSARI

PRN: 2018016402141143	Eligibility Status: Provisional	Examination form No.: 000170 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: BANSARI NEEMA	Mother's Name: PARESHA	Gender: Female
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Name in Vernacular Language: Bansari Neema

Address: 23 patni bazar ujain ujain

City: ujain, Taluka: ujain, District: Ujjain, State: Madhya Pradesh, PIN: 456001

Telephone no.: 2585778 Mobile no: 917000918640 Email : pareshaneema03@gmail.com

DOB: Aug 12, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16) Exam Event: Dec-2020 Seat No: RDP1158219 (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
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Mark Statement Fee	Total:		
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Payment Details:

Amount Received:	College Receipt No. and Date:
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DD No:	MICR No:	DD Date:	Bank:
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Center Preference (Code/Name):

Venue Preference (Code/Name):

To, Director, Board of Examination and Evaluations / The Controller Of Examination,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402141151	Eligibility Status: Eligible	Examination form No.: 000171 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SEMLANI MEET MUKESH	Mother's Name: SHASHI	Gender: Male
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Name in Vernacular Language: सेमलानी मित मुकेश
--

Address: 301, DAFFODILS ANNEX, PLOT 1-1/1-2, SECTOR- 14, VASHI, NAVI MUMBAI 400703
--

City: VASHI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703
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Telephone no.: 27802018	Mobile no: 918879108107	Email : meetjain0108@gmail.com
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DOB: Aug 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158162 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402141174	Eligibility Status: Eligible	Examination form No.: 000172 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHAIKH ALISHA ABID	Mother's Name: RESHMA	Gender: Female
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Name in Vernacular Language: शेख अलिशा अबिद

Address: KURLA WEST OPP- KOHINOOR HOSPITAL HDIL BLDG NO 5 C/WING 203

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070

Telephone no.:	Mobile no: 919969745793	Email : osamaa7866@gmail.com
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DOB: Sep 26, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158171 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402141182	Eligibility Status: Eligible	Examination form No.: 000173 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PUJARA TANISHA SHAILESH	Mother's Name: HEMA	Gender: Female
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Name in Vernacular Language: पुजारा तनिषा शैलेश

Address: G-1, BASERA CO-OP HSG. LTD., SECTOR-17, PLOT NO-11, VASHI. NAVI MUMBAI-400703

City: Navi Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400703

Telephone no.: 27890769	Mobile no: 919920200314	Email : jrshah2008@gmail.com
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DOB: Mar 24, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158222 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402141197	Eligibility Status: Provisional	Examination form No.: 000174 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DEVANG SHAILESH JOSHI	Mother's Name: SUNEETA	Gender: Male
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Name in Vernacular Language: देवांग

Address: Flora , C wing 1205 , Hiranandani estate Ghodbunder road , Thane West

City: Thane , Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400607

Telephone no.:	Mobile no: 919967659785	Email : devangsjoshi@gmail.com
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DOB: Jan 13, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158076 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,</p> <p>I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.</p>	Place: Vidyavihar
	Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402141201	Eligibility Status: Provisional	Examination form No.: 000175 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RIYA MUTHA	Mother's Name: MAYA	Gender: Female
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Name in Vernacular Language: रिया मुथा
--

Address: B-802, Lodha Iris, Majiwade

City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
--

Telephone no.:	Mobile no: 917507610994	Email : riyamutha.42@gmail.com
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DOB: Jan 19, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158218 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Handwritten signature

PRN: 2018016402141216	Eligibility Status: Eligible	Examination form No.: 000176 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KOTICHA TEJVI PRAVAR	Mother's Name: CHHAYA	Gender: Female
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Name in Vernacular Language: TEJVI PRAVAR KOTICHA

Address: 17-18 PRABHU PRERANA VALLABH BAUG LANE GHATKOPAR (EAST)

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077

Telephone no.: 21021208	Mobile no: 919619692905	Email : tejvikoticha2@gmail.com
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DOB: Sep 02, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158080 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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P.K.D

PRN: 2018016402141224	Eligibility Status: Eligible	Examination form No.: 000177 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DOSHI PANKTI KAUSHIK	Mother's Name: PRITI	Gender: Female
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Name in Vernacular Language: दोषी पंक्ती कौशिक

Address: 401 JEEVANDEP OPP BANK OF BARODA RAJAWADI GHATKOPAR EAST MUMBAI 400077

City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400077

Telephone no.: Mobile no: 918369645230 Email : panktidoshi222@gmail.com

DOB: Feb 22, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16) Exam Event: Dec-2020 Seat No: RDP1158060 (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, Director, Board of Examination and Evaluations / The Controller Of Examination,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402141247	Eligibility Status: Provisional	Examination form No.: 000179 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RUTVI SOMPURA	Mother's Name: URMI SOMPURA	Gender: Female
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Name in Vernacular Language: Rutvi

Address: A/103 Krishna palace Behind Krishna hotel Ambaji, gujarat
--

City: Ambaji, Taluka: Danta, District: Banas Kantha, State: Gujarat, PIN: 385110
--

Telephone no.:	Mobile no: 919426428776	Email : rockspacee@yahoo.com
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DOB: Jan 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158183 (Status: Pass)
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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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402141464	Eligibility Status: Provisional	Examination form No.: 000180 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SUMIT SHARMA	Mother's Name: MAKHANA	Gender: Male
-------------------------------------	------------------------	--------------

Name in Vernacular Language: सुमित शर्मा

Address: KITHAR,UDHAMPUR JAMMU AND KASHMIR

City: UDHAMPUR, Taluka: UDHAMPUR, District: Udhampur, State: Jammu and Kashmir, PIN: 182141

Telephone no.:	Mobile no: 917889683345	Email : idealboysumitsharma@gmail.com
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DOB: Mar 04, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158230 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402141487	Eligibility Status: Eligible	Examination form No.: 000181 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAKSHI SANTOSH RASAM	Mother's Name: SHRADDHA	Gender: Female
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Name in Vernacular Language: Sakshi santosh rasam

Address: 11/b/404 safalya mhada chandivali powai 4000072 Powai
--

City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072
--

Telephone no.:	Mobile no: 918291249748	Email : sakshirasam41@gmail.com
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DOB: Jan 19, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158223 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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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	Student's Signature

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402141522	Eligibility Status: Provisional	Examination form No.: 000182 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JINAGNA SHAH	Mother's Name: NEHA	Gender: Female
-------------------------------------	---------------------	----------------

Name in Vernacular Language: Jinagna

Address: 62/9 Parwati niwas Bhaudaji cross road no. 8

City: Mumbai, Taluka: Matunga, District: , State: Maharashtra, PIN: 400019
--

Telephone no.: 24013830	Mobile no: 917228856203	Email : jinagnashah1043@gmail.com
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DOB: Feb 04, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158164 (Status: Pass)
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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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Shruti

PRN: 2018016402141545	Eligibility Status: Provisional	Examination form No.: 000183 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHRUTI SACHCHIDANAND SHUKLA	Mother's Name: ANITA	Gender: Female
--	----------------------	----------------

Name in Vernacular Language: श्रुती

Address: A8, 305 MILLENNIUM TOWERS, SANPADA NAVI MUMBAI

City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400705
--

Telephone no.: 27750853	Mobile no: 919821389309	Email : shuklashru01@gmail.com
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DOB: Jan 10, 2001	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158179 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402141576	Eligibility Status: Provisional	Examination form No.: 000184 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: DEVDA HITESH RAMESH	Mother's Name: SANTOSHI	Gender: Male
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Name in Vernacular Language: देवडा हितेश रमेश

Address: A-2/204 , SHREE SWAMI SAMARTH CHS LOKMANYA NAGAR PADA NO.1

City: THANE WEST, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400606

Telephone no.:	Mobile no: 919699961854	Email : hiteshdevda100@gmail.com
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DOB: May 10, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158058 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Lubna

PRN: 2018016402141584	Eligibility Status: Provisional	Examination form No.: 000185 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHOUGULE LUBNA ALTAF	Mother's Name: RAHAT	Gender: Female
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Name in Vernacular Language: चौगुले लुबना अल्ताफ

Address: porbunder building CHIRAGNAGAR GHATKOPAR WEST

City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086

Telephone no.:	Mobile no: 919768878966	Email : LUBNA@gmail.com
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DOB: Sep 11, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158125 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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	86005	Innovative Financial Services	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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



University of Mumbai, Mumbai

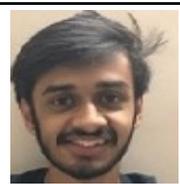
<http://mum.digitaluniversity.ac/>

S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Vishal

PRN: 2018016402141592	Eligibility Status: Provisional	Examination form No.: 000186 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MEHTA VISHAL ASHISH	Mother's Name: VIPULA	Gender: Male
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Name in Vernacular Language: मेहता विशाल आशिष

Address: 7 Vijay Estate Rajawadi Ghatkopar East

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077

Telephone no.: 21028189	Mobile no: 919821220365	Email : vishalmehta1619@gmail.com
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DOB: Oct 16, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158084 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: Vidyavihar

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402141603	Eligibility Status: Provisional	Examination form No.: 000187 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANCHAL NIDHI JAYESH	Mother's Name: BHAVANA	Gender: Female
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Name in Vernacular Language: पांचाल निधि जयेश

Address: 2502,NORTHSIDE HIRANANDANI MEADOWS,GA ROAD THANE (WEST)

City: THANE, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400610

Telephone no.: 25497528	Mobile no: 919619528234	Email : NIDHI6015@GMAIL.COM
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DOB: Jun 15, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158089 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



University of Mumbai, Mumbai

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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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Signature

PRN: 2018016402203494	Eligibility Status: Eligible	Examination form No.: 000188 	Division/Section:	Roll No.:
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: LELE RAJAS GIRISH	Mother's Name: GAURI	Gender: Male
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Name in Vernacular Language: लेले राजस गिरीश

Address: 102, SHIVKRUPA APT CHS. OPP. NAGAR BHAVAN RAM MANDIR ROAD, BHAYANDAR WEST

City: MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 401101

Telephone no.: 28184072	Mobile no: 919820370870	Email : RAJASLELE007@GMAIL.COM
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DOB: Aug 07, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158213 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		



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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2021 event.

B.M.S.(with Credits)-Regular-Rev16-T.Y.B.M.S.-Sem VI [2M00156]

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PRN: 2018016402629677	Eligibility Status: Provisional	Examination form No.: 000189 	Division/Section:	Roll No.:	
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Instruction Medium:	Nationality: Democratic Republic of Congo
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Student's Personal Information

Student's Name: CHRISTOPHER BOLENGE BOYELE	Mother's Name: KINGIDILA SYLVIE	Gender: Male
--	---------------------------------	--------------

Name in Vernacular Language: ख्रिस्तोफर बोलेगे बोयेले

Address: somaiya vidyavihar vidyanagar somaiya college

City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077

Telephone no.:	Mobile no: 917045563979	Email : christopher14kyle@gmail.com
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DOB: Apr 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem V [2M00155](Regular-Rev16)	Exam Event: Dec-2020	Seat No: RDP1158199 (Status: Pass)
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Exam form appearance type: Fresher

Paper 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, Director, Board of Examination and Evaluations / The Controller Of Examination,

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Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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Place:	College Staff Signature	Seal and Signature of Principal/HOD/Chairperson
Date:		