



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN:

2016016402301552

Eligibility Status:

Eligible

Examination form No.:

114035



Division/Section:

A

Roll No.:

8



Instruction Medium:

Nationality:

India

Student's Personal Information

Student's Name:

BODEKAR NAYANA NAMDEV

Mother's Name: NAMRATA

Gender: Female

Name in Vernacular Language: बोडेकर नयना नामदेव नम्रता

Address: BEHIND SUDARSHAN FLOOR MILL, R/N 4, DATTASMRUTI WELFARE SOCIETY, GHATLA,

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

Telephone no.:

Mobile no: 919619781596

Email : Nayanabodekar01@gmail.com

DOB: Nov 01, 1998

Category: Reserved (NT-2 (NT-C))

Physically Handicap: No

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

Exam Event: Apr-2019

Seat No: 3246558 (Status: ATKT)

Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

Convocation Fee

Exam Form Late Fee

Exam Form Super Late Fee

Examination Fees

Mark Statement Fee

Total:

Payment Details:

Amount Received:

College Receipt No. and Date:

DD No:

MICR No:

DD Date:

Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

Place:

Date:

College Staff Signature

Seal and Signature of
Principal/HOD/Chairperson



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PRN: 2017016400070136	Eligibility Status: Eligible	Examination form No.: 114036 	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: PANIGRAHI NARAYAN PRASHANT	Mother's Name: RAJESHWARI	Gender: Male
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Name in Vernacular Language: पाणिग्रही नारायण प्रशांत

Address: SANTOSH KIRANA STORE MANPADA, AZAD NAGAR,

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

Telephone no.: Mobile no: 919702625318 Email : PANIGRAHINARAYAN256@GMAIL.COM

DOB: Oct 15, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246589 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400070314	Eligibility Status: Eligible	Examination form No.: 114037 	Division/Section: A	Roll No.: 67
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: YADAV ASHWANI SUDARSHAN	Mother's Name: ANITA	Gender: Male
Name in Vernacular Language: YADAV ASHWANI SUDARSHAN		
Address: PAWAR NAGAR, NEW MHADA, YOGAYOG SOCIETY, PLOT NO.149, ROOM NO.C-9, THANE(W)		
City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400610		
Telephone no.:	Mobile no: 918692012340	Email : ASHWINYADAV916@GMAIL.COM
DOB: Aug 28, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246621 (Status: ATKT)
Exam form appearance type: Fresher		

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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PRN: 2017016400186844	Eligibility Status: Eligible	Examination form No.: 114038 	Division/Section: A	Roll No.: 51	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHRIVAS AAKANSHA DILIPKUMAR	Mother's Name: ANAMIKA	Gender: Female
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Name in Vernacular Language: श्रीवास आकांक्षा दिलीपकुमार

Address: D.K. CHAWL HANUMAN MANDIR ROAD NEAR RAILWAY STATION MANDA TITWALA (EAST)

City: TITWALA, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421605

Telephone no.:	Mobile no: 918452854914	Email : aakansha1999shrivas@gmail.com
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DOB: Dec 20, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246606 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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):

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	Date:

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



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YUVRAJ

PRN: 2017016400703877	Eligibility Status: Eligible	Examination form No.: 114039 	Division/Section: A	Roll No.: 63
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: MUDLIYAR YUVRAJ VISHVANATH	Mother's Name: LATA	Gender: Male
Name in Vernacular Language: मुदलियार युवराज विश्वनाथ		
Address: ON HOUSE PUNJABI COLONY MOHAN NIWAS BHARTIA SANSKAR ASHRAM UNR-3		
City: ULHASNAGAR, Taluka: Ulhasnagar, District: Thane, State: Maharashtra, PIN: 421003		
Telephone no.:	Mobile no: 918446440079	Email : YUVRAJMUDD44@GMAIL.COM
DOB: Oct 14, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246584 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Gay A.S.

PRN: 2017016400712087	Eligibility Status: Eligible	Examination form No.: 114040 	Division/Section: A	Roll No.: 66
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: VYAS GIRISH MADANLAL	Mother's Name: SHANTIDEVI	Gender: Male
Name in Vernacular Language: व्यस गिरीश मदनलाल		
Address: 884/27 FLAT NO 103 SONA APPT BHANDARI COMPOUND NARPOLI		
City: BHIWANDI, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421305		
Telephone no.:	Mobile no: 917058663052	Email : GVIAS9095@GMAIL.COM
DOB: Jun 01, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246619 (Status: ATKT)

Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400712547	Eligibility Status: Eligible	Examination form No.: 114041 	Division/Section: A	Roll No.: 36
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: PANDEY YOGESH DAYASHANKAR	Mother's Name: SHOBHA	Gender: Male
Name in Vernacular Language: PANDEY YOGESH DAYASHANKAR		
Address: ROOM NO.202,2ND FLOOR,BUILDING NO.3 INDIRA NAGAR CHS,NEAR GTB RAILWAY STATION, MUMBAI-400037		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400037		
Telephone no.:	Mobile no: 918082293191	Email : yogeshpandey033@gmail.com
DOB: Jun 24, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246588 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Student's Signature

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



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PRN: 2017016400732207	Eligibility Status: Eligible	Examination form No.: 114042 	Division/Section: A	Roll No.: 30
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: MOHAMMAD SUHAIL KHAJA	Mother's Name: ASMABI	Gender: Male
Name in Vernacular Language: मोहम्मद सुहैल खाजा		
Address: 14/2 GANGARAM CHAWL GROUP C SHIVAJI NAGAR VAKOLA BRIDGE, VAKOLA SANTACRUZ(EAST)		
City: MUMBAI, Taluka: Andheri, District: Mumbai Suburban, State: Maharashtra, PIN: 400055		
Telephone no.:	Mobile no: 919833600778	Email : SOHAILKHAN201076@GMAIL.COM
DOB: Mar 08, 1997	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246581 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Shafique

PRN: 2017016400732246	Eligibility Status: Eligible	Examination form No.: 114043 	Division/Section: A	Roll No.: 9
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: CHAUDHARY MD SHAFIQUE HAMIDUDDIN	Mother's Name: SALIMUNNISA	Gender: Male
Name in Vernacular Language: चौधरी मंद शफिके हमीदुद्दीन		
Address: PLOT NO 9 ROOM NO 1422 BHARAT NAGAR BANDRA EAST		
City: MUMBAI, Taluka: Andheri, District: Mumbai Suburban, State: Maharashtra, PIN: 400051		
Telephone no.:	Mobile no: 918879753045	Email : CHOUDHARYSHAFIQUE656@GMAIL.COM
DOB: Jun 09, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246559 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Aaron

PRN: 2017016400839425	Eligibility Status: Eligible	Examination form No.: 114044 	Division/Section: A	Roll No.: 28
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MICHAEL AARON ALLEN	Mother's Name: ROSY	Gender: Male
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Name in Vernacular Language: MICHAEL AARON ऐलन

Address: VEERA BHARAT A-5 PLOT NO 334 HALL ROAD

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

Telephone no.:	Mobile no: 917738550024	Email : AARONMICHAEL1000@GMAIL.COM
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DOB: Apr 05, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246579 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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, The Controller of Examination,

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

Place: Vidyavihar

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400839506	Eligibility Status: Provisional	Examination form No.: 114045 	Division/Section: A	Roll No.: 2
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: VIRAJ VISHWAS AMBRE	Mother's Name: VAISHALI V. AMBRE	Gender: Male
Name in Vernacular Language: विराज विश्वास आंब्रे		
Address: 202, MANDAKINI CHS OPP SHIVAJI HOSPITAL BELAPUR RD. KALWA WEST. THANE		
City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605		
Telephone no.:	Mobile no: 918689980999	Email : virajambre99@gmail.com
DOB: Dec 20, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246553 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

To, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being 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.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400840204	Eligibility Status: Eligible	Examination form No.: 114046 	Division/Section: A	Roll No.: 68
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: YADAV PREETI SHREERAM	Mother's Name: PRAMILA	Gender: Female
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Name in Vernacular Language: यादव प्रीती श्रीराम

Address: AL-3/19/6, Kakasaheb Thorat Apt, Sector-19 Opp NHP school

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

Telephone no.:	Mobile no: 918097428895	Email : yadavpreeti378@gmail.com
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DOB: Oct 07, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246622 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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, The Controller of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

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PRN: 2017016400840266	Eligibility Status: Provisional	Examination form No.: 114047 	Division/Section: A	Roll No.: 27
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MAURYA NAVEENKUMAR RAMACHEBBAR	Mother's Name: KUSHLAWATI	Gender: Male
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Name in Vernacular Language:HINDI

Address: ROOM NO. 75, GANESH MITRA MANDAL, MAURYA CHAWL, GHOLAIDEVI NAGAR, KALWA [E.] , THANE - 400605 ROOM NO. 75, GANESH MITRA MANDAL, MAURYA CHAWL, GHOLAIDEVI NAGAR, KALWA [E.] , THANE - 400605
--

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

Telephone no.:	Mobile no: 918422036994	Email : mauryanaveen33@gmail.com
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DOB: May 08, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246578 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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):

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	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

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B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Bhavya D
Candidate

PRN: 2017016400840282	Eligibility Status: Provisional	Examination form No.: 114048 	Division/Section: A	Roll No.: 12
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: DEDHIA BHAVYA DINESH	Mother's Name: PRITI	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: देधिअ भव्य दिनेश

Address: 3, NEW DHAPRE BLDG., OPP. SARASWAT BANK, BHAGAT SINGH ROAD, DOMBIVILI EAST

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

Telephone no.: Mobile no: 919907351420 Email :

DOB: Aug 21, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246562 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

Mark Statement Fee Total:

Payment Details:

Amount Received: College Receipt No. and Date:

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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



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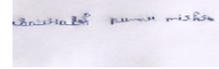
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400840935	Eligibility Status: Provisional	Examination form No.: 114049 	Division/Section: A	Roll No.: 29
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: MISHRA SAURABH SUMAN MISHRA	Mother's Name: SUNAINA DEVI	Gender: Male
Name in Vernacular Language: सौरभ कुमार मिश्रा		
Address: FLAT NO. 204, BLDG-A3, DEEPLAXMI RESIDENCY, VILLAGE-KALHER, BHIWANDI FLAT NO. 204, BLDG-A3, DEEPLAXMI RESIDENCY		
City: BHIWANDI, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421302		
Telephone no.:	Mobile no: 917378709059	Email : SAURABHMISHRASM1998@GMAIL.COM
DOB: Jan 24, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246580 (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	88701	Software Quality Assurance	Th-UA [] ; Th-CA []
2	88702	Security in Computing	Th-UA [] ; Th-CA []
3	88703	Business Intelligence	Th-UA [] ; Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ; Th-CA []
5	88706	IT Service Management	Th-UA [] ; Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Neha

PRN: 2017016400841084	Eligibility Status: Eligible	Examination form No.: 114050 	Division/Section: A	Roll No.: 71
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: PANDEY NEHA RAMRANJAN	Mother's Name: POONAM	Gender: Female
Name in Vernacular Language: पांडे नेहा रामरंजन		
Address: B/12, LAXMI BAI CHAWL, KAJUPADA, KURLA WEST		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070		
Telephone no.:	Mobile no: 918898883301	Email : siddharthpandey054@gmail.com
DOB: Feb 28, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246587 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

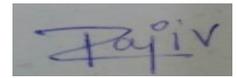
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S. K. Somaiya College of Arts, Science and Commerce (540)

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B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN:
2017016400841722

Eligibility Status:
Eligible

Examination form No.:
114051

Division/Section:
A

Roll No.:
23

Instruction Medium: _____ Nationality: India

Student's Personal Information

Student's Name: **JHA RAJIV BIJENDRANATH** Mother's Name: PUNITA Gender: Male

Name in Vernacular Language: ज्ञा राजीव बिजेन्द्रनाथ

Address: 303-B, Balaji Apt, Kisan Nagar No. 1 Wagle Estate, Thane West

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

Telephone no.: _____ Mobile no: 919930456266 Email : jhaneha92@yahoo.in

DOB: Dec 05, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246573 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

Mark Statement Fee Total: _____

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

DD No: _____ MICR No: _____ DD Date: _____ Bank: _____

Center Preference (Code/Name): _____

Venue Preference (Code/Name): _____

To, The Controller of Examination,

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

Place: **Vidyavihar**
Date: _____
Student's Signature

Declaration by Principal/HOD/Chairperson

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Place: _____
Date: _____

College Staff Signature

Seal and Signature of Principal/HOD/Chairperson



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Rahul.

PRN: 2017016400841931	Eligibility Status: Eligible	Examination form No.: 114052 	Division/Section: A	Roll No.: 40
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: PATHAK RAHUL VIPINKUMAR KIRAN	Mother's Name: KIRAN	Gender: Male
Name in Vernacular Language: पाठक राहुल विपीनकुमार किरण		
Address: E-7 KAMAL KUNJ HSG SOC SHIVAJI NAGAR LINK ROAD		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084		
Telephone no.:	Mobile no: 919769345534	Email : rahulpathak982@gmail.com
DOB: May 20, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246593 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

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B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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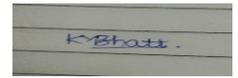
PRN:
2017016400842176

Eligibility Status:
Eligible

Examination form No.:
114053

Division/Section:
A

Roll No.:
7



Instruction Medium: _____ Nationality: India

Student's Personal Information

Student's Name: **BHATT KRUNAL MAHESH** Mother's Name: SONAL Gender: Male

Name in Vernacular Language: कृपाल

Address: 403, Shiv Krupa Cama Lane Behind Parvati Heritage

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

Telephone no.: _____ Mobile no: 918655571771 Email : kmbhatt99@gmail.com

DOB: Oct 02, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246557 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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Sonai

PRN: 2017016400842296	Eligibility Status: Provisional	Examination form No.: 114054 	Division/Section: A	Roll No.: 55
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SONI SURAJKUMAR RAKESHKUMAR	Mother's Name: USHA SONI	Gender: Male
--	--------------------------	--------------

Name in Vernacular Language: सोनी सुराजकुमार राकेशकुमार

Address: SAI DHAM SOC ROAD NO 22 INDIRA NAGAR OPP JOST BLDG WAGLE ESTATE

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

Telephone no.:	Mobile no: 918652645905	Email : surajsoni9867@gmail.com
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DOB: May 02, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246609 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

Payment Details:

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

Venue Preference (Code/Name):

To, The Controller of Examination,

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Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

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B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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S.baile

PRN: 2017016400842346	Eligibility Status: Eligible	Examination form No.: 114055 	Division/Section: A	Roll No.: 4
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SHRUTIKA SUBODHKUMAR BAILE	Mother's Name: JYOTI	Gender: Female
Name in Vernacular Language: श्रुतिका सुबोधकुमार बैले		
Address: 405/B New Gangeshwar Palace, Kalunagar, Thakurwadi Dombivli (w)		
City: Dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202		
Telephone no.: 2499871	Mobile no: 918424055641	Email : shrutikasbaile@gmail.com
DOB: May 05, 2000	Category: Reserved (SC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246555 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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K.M. Bhanushali

PRN: 2017016400842427	Eligibility Status: Provisional	Examination form No.: 114056 	Division/Section: A	Roll No.: 6
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: KARAN MOHANLAL BHANUSHALI	Mother's Name: DAMAYANTI	Gender: Male
Name in Vernacular Language: करण मोहनलाल भानुशाली		
Address: 3/8 JUBER CHAWL, KULKARNI WADI SUBHASH NAGAR, BARVE NAGAR GHATKOPAR(W)		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400084		
Telephone no.:	Mobile no: 917802995050	Email : karan.bhanushali001@gmail.com
DOB: May 01, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246556 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

Convocation Fee	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):

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	Date:
Student's Signature	

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400842594	Eligibility Status: Eligible	Examination form No.: 114057 	Division/Section: A	Roll No.: 59	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKER YASH HARISH	Mother's Name: DAKSHA	Gender: Male
--	-----------------------	--------------

Name in Vernacular Language: यश हरीश ठक्कर

Address: 8 odhavaram kurpa S N road mulund west

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

Telephone no.: Mobile no: 919769102783 Email : yashthakker694@gmail.com

DOB: Apr 06, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246614 (Status: ATKT)

Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Venue Preference (Code/Name):

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

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Sameer

PRN: 2017016400842996	Eligibility Status: Eligible	Examination form No.: 114058 	Division/Section: A	Roll No.: 31
Instruction Medium:			Nationality:	India

Student's Personal Information		
Student's Name: MOMIN SAMEER MOHAMMAD	Mother's Name: RASHIDA	Gender: Male
Name in Vernacular Language: समीर मोहम्मद मोमिन		
Address: SANTISHI MATA NAGAR, ROOM NO-4586 CHAWL NO-393, TAGORE NAGAR VIKHROLI-(E), MUMBAI		
City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400083		
Telephone no.:	Mobile no: 918879637027	Email : m8286409544@gmail.com
DOB: Feb 24, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246582 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Satendra

PRN: 2017016400843044	Eligibility Status: Eligible	Examination form No.: 114059 	Division/Section: A	Roll No.: 18
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: GUPTA SATYENDRA SANTOSH	Mother's Name: KIRAN	Gender: Male
Name in Vernacular Language: गुप्ता सत्येंद्र संतोष		
Address: LOKMANYA NAGAR, PADA NO. 3 RAM SITA NIWAS, BEHIND BALAJI APT		
City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400606		
Telephone no.:	Mobile no: 919819327875	Email : satendragupta1000@gmail.com
DOB: Apr 01, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246569 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Vikas

PRN: 2017016400843284	Eligibility Status: Eligible	Examination form No.: 114060 	Division/Section: D	Roll No.: 34
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: PADHI VIKAS MAGIT	Mother's Name: NAMITA	Gender: Male

Name in Vernacular Language: पद्दी विकास मागित

Address: ISMAIL CHAWL, HARIYALI VILLAGE, TAGORE NAGAR, GROUP NO-2 VIKHROLI EAST,

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

Telephone no.: Mobile no: 918898920519 Email : VIKASPADHI5@GMAIL.COM

DOB: Jul 30, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246585 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400843713	Eligibility Status: Eligible	Examination form No.: 114061 	Division/Section: A	Roll No.: 16	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: RASIKA NARENDRA GOSAVI	Mother's Name: NEHA	Gender: Female
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Name in Vernacular Language: रसिका नरेंद्र गोसावी

Address: room no 8 raj hans chawl , d-mello house nardas nager bhandup west

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

Telephone no.:	Mobile no: 917666043246	Email : rasikagosavi245@gmail.com
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DOB: Nov 15, 1999	Category: Reserved (NT-1 (NT-B))	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246566 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400844562	Eligibility Status: Eligible	Examination form No.: 114062 	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: JAIN RUSHABH DINESH	Mother's Name: MADHU	Gender: Male
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Name in Vernacular Language: जैन ऋषभ दिनेश

Address: 493 anand sagar building;3rdfloor flat no :303; kaisar alley ;bhiwandi 493 anand sagar building;3rdfloor flat no :303; kaisar alley ;bhiwandi

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

Telephone no.: 254234 Mobile no: 918600645366 Email : rjain3613@gmail.com

DOB: Sep 15, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246571 (Status: ATKT)

Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400844643	Eligibility Status: Eligible	Examination form No.: 114063 	Division/Section: A	Roll No.: 13	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: ROOPALI HARSHAD DODHIA	Mother's Name: HASMITA	Gender: Female
Name in Vernacular Language: रूपाळी		
Address: B/12 , 703 MANSAROVAR VARAL DEVI LAKE		
City: BHIWANDI, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421305		
Telephone no.:	Mobile no: 918087235000	Email : roopalidodhia@gmail.com
DOB: Dec 03, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246563 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

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Mandale

PRN: 2017016400844836	Eligibility Status: Eligible	Examination form No.: 114064 	Division/Section: A	Roll No.: 26
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: MANDALE NISHA ANIL	Mother's Name: KAVITA	Gender: Female
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Name in Vernacular Language: मांदळे निशा अनिल

Address: R/2 Omkar Mitra Mandal Sandesh Nagar Bail Bazar kurla (west) Mumbai-70

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

Telephone no.:	Mobile no: 919930637820	Email : mandalenisha2502@gmail.com
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DOB: Feb 25, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246577 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

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Jadhav Juhi

PRN: 2017016400844883	Eligibility Status: Eligible	Examination form No.: 114065 	Division/Section: A	Roll No.: 19
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: JADHAV JUHI SANDEEP	Mother's Name: RUCHIRA	Gender: Female
Name in Vernacular Language: जाधव जूही संदीप		
Address: Room no. B-105 Trinity hou. soc I.I.T Maingate Powai		
City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400076		
Telephone no.:	Mobile no: 918692890168	Email : jadhav.juhi24@gmail.com
DOB: Aug 24, 1999	Category: Reserved (SC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)		Exam Event: Apr-2019
		Seat No: 3246570 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400845163	Eligibility Status: Eligible	Examination form No.: 114066 	Division/Section: A	Roll No.: 11
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHODANKAR SAMIKSHA SATISH	Mother's Name: SNEHAL	Gender: Female
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Name in Vernacular Language: चोडणकर समिक्षा सतीश

Address: SAI SAMARTH CHAWL, ROOM NO 04 SAI NAGAR , NR GANESH VIDYALAYA KHAREGAON, KALWA

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

Telephone no.: Mobile no: 919594880698 Email : samikshachodankar24@gmail.com

DOB: Aug 01, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246561 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

Mark Statement Fee Total:

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**
Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400845205	Eligibility Status: Eligible	Examination form No.: 114067 	Division/Section: A	Roll No.: 45	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SAWANT NEHAL SHYAM	Mother's Name: SHIVANI	Gender: Female
Name in Vernacular Language: marathi		
Address: a1/1 ,kailas park chirag nagar ghatkopar		
City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086		
Telephone no.: 25160844	Mobile no: 918080108024	Email : nehalsawant26@gmail.com
DOB: May 03, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246599 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400845302	Eligibility Status: Eligible	Examination form No.: 114068 	Division/Section: A	Roll No.: 65	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHRADHA PRAKASH VISHWAKARMA	Mother's Name: RASHMI	Gender: Female
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Name in Vernacular Language:SHRADHA

Address: NEAR GAVDEVI MANDIR, ROOM NO-4, SHYAMLAL CHAWL, GAVDEVI ROAD, BHANDUP (W), MUMBAI-400078

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

Telephone no.: 022	Mobile no: 917039857109	Email : vikash300224927@gmail.com
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DOB: May 19, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246618 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400845735	Eligibility Status: Eligible	Examination form No.: 114069 	Division/Section: A	Roll No.: 57	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR OM MUKESH	Mother's Name: JYOTI	Gender: Male
--	----------------------	--------------

Name in Vernacular Language: ठक्कर ओम मुकेश

Address: 3/16 Sahyog Niwas, Near Siddheshwar Ram Mandir, Hans Nagar, Khopat, Thane (W)

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

Telephone no.:	Mobile no: 917506576388	Email : om.t@somaiya.edu
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DOB: Jul 08, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246612 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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OMKAR SAHADEV

PRN: 2017016400845751	Eligibility Status: Eligible	Examination form No.: 114070 	Division/Section: A	Roll No.: 48
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SHELAR OMKAR SAHADEV	Mother's Name: SHOBHA	Gender: Male
---	-----------------------	--------------

Name in Vernacular Language: शरदी

Address: khandoba tekdi , jay mangal murti society jay malhar nagar.golibar road ghatkopar west

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

Telephone no.: Mobile no: 919224300800 Email : omishelar0604@gmail.com

DOB: Apr 06, 2000 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246603 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

Mark Statement Fee Total:

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**
Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400845936	Eligibility Status: Provisional	Examination form No.: 114071 	Division/Section: A	Roll No.: 42	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PRAJAPATI RAHULKUMAR CHHOTE LAL	Mother's Name: SANCHAL	Gender: Male
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Name in Vernacular Language: राहुल

Address: R 4/8 C New Navy nagar, Colaba Mumbai 400005

City: mumbai, Taluka: , District: , State: Maharashtra, PIN: 400005

Telephone no.:	Mobile no: 919892827921	Email : rahulkp06@gmail.com
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DOB: Aug 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246595 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the 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:		



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400845967	Eligibility Status: Provisional	Examination form No.: 114072 	Division/Section: D	Roll No.: 39
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: ABDULHAQ SHABBIR PATEL	Mother's Name: SUMAIYA	Gender: Male
Name in Vernacular Language: अहमदशाह शब्बिर पटेल		
Address: 305, Shree Aradhna Apt., plot-36, sector-5, sanpada Opp. To Hotel Skylight Lodge, Navimumbai-400705		
City: Navimumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400705		
Telephone no.:	Mobile no: 917021461996	Email : patelabdulhaq98@gmail.com
DOB: Jun 17, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246592 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400846104	Eligibility Status: Eligible	Examination form No.: 114073 	Division/Section: A	Roll No.: 54
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SINGHVI SATYAM SURESH	Mother's Name: ANITA	Gender: Male
Name in Vernacular Language: सिंघवी सत्यम SURESH		
Address: 26/B,601,ashok nagar,kalyan road,Bhiwandi 26/B,601,ashok nagar,kalyan road,Bhiwandi 26/B,601,ashok nagar,kalyan road,Bhiwandi		
City: Bhiwandi, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421302		
Telephone no.:	Mobile no: 917798462215	Email : satyamsinghvi765@gmail.com
DOB: Apr 13, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246608 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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A.P. Rewale

PRN: 2017016400846561	Eligibility Status: Provisional	Examination form No.: 114074 	Division/Section: A	Roll No.: 43
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ABHISHEKPRASHANTREWALE	Mother's Name: PRIYANKA	Gender: Male
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Name in Vernacular Language: अभिषेक प्रशांत रेवाळे
--

Address: A601 MANU MAHALI CHS, BEHIND DNC SCHOOL, DOMBIVALI(E) 42120
--

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

Telephone no.:	Mobile no: 919769770920	Email : abhishekrewalephotography@gmail.com
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DOB: Nov 13, 1999	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246596 (Status: ATKT)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ; Th-CA []
2	88702	Security in Computing	Th-UA [] ; Th-CA []
3	88703	Business Intelligence	Th-UA [] ; Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ; Th-CA []
5	88706	IT Service Management	Th-UA [] ; Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Milind

PRN: 2017016400846576	Eligibility Status: Eligible	Examination form No.: 114075 	Division/Section: A	Roll No.: 61
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: UMASARE MILIND MANGESH	Mother's Name: MANISHA	Gender: Male
Name in Vernacular Language: उमासरे मिलिंद मंगेश		
Address: ROOM NO: 514 JAY AMBIKA NAGAR SUNDER BAUG		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070		
Telephone no.:	Mobile no: 918291681202	Email : miumasare98@gmail.com
DOB: Jul 15, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246616 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400846673	Eligibility Status: Eligible	Examination form No.: 114076 	Division/Section: A	Roll No.: 62
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VAGHELA VIVEK CHANDULAL	Mother's Name: CHETANA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: वाघेला विवेक चंद्रलाल

Address: D/004 TIRUPATI DARSHAN GOGRASSWADI PATHARLI ROAD DOMBIVALI EAST

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

Telephone no.: Mobile no: 919222525354 Email : VIVEKWAGHELA578@GMAIL.COM

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

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246617 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Rutika Shelar

PRN: 2017016400846723	Eligibility Status: Provisional	Examination form No.: 114077 	Division/Section: A	Roll No.: 49
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: SHELAR RUTIKA VIJAY	Mother's Name: VISHAKHA	Gender: Female
Name in Vernacular Language: शेलार रुतिका विजय		
Address: ROOM NO 60, MANNUBHAI CHWAL SAI DHAM SOC ANAND NAGAR ROAD KALWA-E		
City: NAVI MUMMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400708		
Telephone no.:	Mobile no: 919833182693	Email : rutikashelar25@gmail.com
DOB: Feb 25, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246604 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

Convocation Fee	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):

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	Date:
Student's Signature	

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400847065	Eligibility Status: Eligible	Examination form No.: 114078 	Division/Section: A	Roll No.: 52	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: SINGH AMITKUMAR DINESH	Mother's Name: PUSHPA	Gender: Male
Name in Vernacular Language: सिंग अमित दिनेश		
Address: priyadarshani chawl galli no 36/37 near pooja hotel kamraj nagar ghatkopar east mumbai		
City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077		
Telephone no.:	Mobile no: 919768635376	Email : samit9076@gmail.com
DOB: Jul 09, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246607 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400847301	Eligibility Status: Eligible	Examination form No.: 114079 	Division/Section: A	Roll No.: 43	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SALUNKHE AKANSHA RAJU	Mother's Name: KAVITA	Gender: Female
--	-----------------------	----------------

Name in Vernacular Language: साकुंखे आकांशा राजू
--

Address: ROOM NO 202 CHURCH VEIW APARTMENT PLOT NO 12 FATIMA COLONY BEHIND FATIMA CHURCH VANDRA PADA AMBARNATH WEST

City: THANE, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421505
--

Telephone no.:	Mobile no: 918898549101	Email : rdsalunke67@gmail.com
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DOB: Mar 12, 2000	Category: Reserved (VJ/DT(A))	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246598 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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):

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	Date:

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Sanjay

PRN: 2017016400847355	Eligibility Status: Eligible	Examination form No.: 114080 	Division/Section: A	Roll No.: 3
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ANKOLA SANJAY SHRINIVAS SUREKHA	Mother's Name: SUREKHA	Gender: Male
--	------------------------	--------------

Name in Vernacular Language: अंकोला संजय श्रीनिवास सुरेखा

Address: A/17 SURYAPRAKASH C.H.S. TEKDI BUNGLOW NAUPADA

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

Telephone no.: 25335630	Mobile no: 918291344106	Email : sanjayankola@yahoo.com
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DOB: Oct 02, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246554 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400847517	Eligibility Status: Eligible	Examination form No.: 114081 	Division/Section: A	Roll No.: 46	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: SHAH SHRUTI SITESH	Mother's Name: DIPA	Gender: Female
Name in Vernacular Language: શ્રુતિ સીતેશ		
Address: 143/2 shri krishna kiran opp. garodia school		
City: MUMBAI , Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400021		
Telephone no.:	Mobile no: 919860673049	Email : shahshruti412@gmail.com
DOB: Dec 04, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246600 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400847533	Eligibility Status: Eligible	Examination form No.: 114082 	Division/Section: A	Roll No.: 47
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: SHASMAL SURAJIT KAMAL	Mother's Name: KRISHNA	Gender: Male
Name in Vernacular Language: Shasmal surajit kamal		
Address: A/201,sai sadguru dham Agasan road Dativali		
City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612		
Telephone no.:	Mobile no: 918369803840	Email : surajitshasmal15@gmail.com
DOB: May 16, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246602 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400847927	Eligibility Status: Eligible	Examination form No.: 114083 	Division/Section: A	Roll No.: 50	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: SHINDE PRATHMESH NARENDRA	Mother's Name: SUSHMA	Gender: Male
Name in Vernacular Language: शिन्दे प्रथमेश नरेन्द्र		
Address: near new kurla post office 532/7, asgar ali chawl ,subhash nagar new mill road		
City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070		
Telephone no.:	Mobile no: 919699727676	Email : prathmeshshinde786@gmail.com
DOB: Mar 21, 2000	Category: Reserved (SC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246605 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400847951	Eligibility Status: Eligible	Examination form No.: 114084 	Division/Section: A	Roll No.: 24
Instruction Medium:			Nationality:	India

Student's Personal Information

Student's Name: ADNAN ABBAS KALA	Mother's Name: ARWA	Gender: Male
Name in Vernacular Language: ADNAN		
Address: 804, Najmi apt., Amakin e mohammediya, Bohirwadi Khambalpada		
City: Mumbai, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 917738309977	Email : adnankala53@gmail.com
DOB: Feb 04, 1998	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246574 (Status: ATKT)
Exam form appearance type: Fresher		

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Rudaliya

PRN: 2017016400848223	Eligibility Status: Eligible	Examination form No.: 114085 	Division/Section: A	Roll No.: 32
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: MUDALIAR PRATAP SELVAN	Mother's Name: JAYALAXMI	Gender: Male
Name in Vernacular Language: मुदलियार प्रताप सेल्वन		
Address: room no 708 New colony gaondevi road Ambernath west		
City: Ambernath, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421505		
Telephone no.:	Mobile no: 918624031788	Email : qp150899@gmail.com
DOB: Aug 15, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246583 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400848262	Eligibility Status: Eligible	Examination form No.: 114086 	Division/Section: A	Roll No.: 74
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: SALMANI MOHD EJAZ MOHD IMTIYAZ	Mother's Name: KISHVARI	Gender: Male
---	-------------------------	--------------

Name in Vernacular Language: سلمانى محمد ايجاز محمد امتياز
--

Address: 01, yusuf godiwala chawl, opp. navrang society, devi pada road,
--

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

Telephone no.:	Mobile no: 919920294995	Email : salmaniniyaz@yahoo.com
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DOB: May 27, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246597 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Krishna

PRN: 2017016400848745	Eligibility Status: Provisional	Examination form No.: 114087 	Division/Section: A	Roll No.: 41
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: POKAR KRISHNA VINOD	Mother's Name: ASHA	Gender: Female
Name in Vernacular Language: पोकर कृष्णा विनोद		
Address: B-301, ADITYA CHSL, PLOT NO. E-51, SECTOR-12, NAVI MUMBAI		
City: NAVI MUMBAI, Taluka: Panvel, District: Raigad, State: Maharashtra, PIN: 410210		
Telephone no.:	Mobile no: 919022102200	Email :
DOB: Jan 02, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246594 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

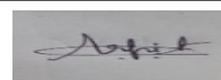
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN:
2017016400848826

Eligibility Status:
Eligible

Examination form No.:
114088

Division/Section:
A

Roll No.:
60

Instruction Medium: _____ Nationality: India

Student's Personal Information

Student's Name: **TRIPATHI ARPIT MANOJ KUMAR** Mother's Name: NEELAN Gender: Male

Name in Vernacular Language: त्रिपाठी अर्पित मनोज कुमार

Address: Ismail chawl, haryali village, Tagore nagar, group no-2, vikhroli(E), mumbai 400083

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

Telephone no.: _____ Mobile no: 919833717165 Email : arpittripathi567@gmail.com

DOB: Nov 22, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246615 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

DD No: _____ MICR No: _____ DD Date: _____ Bank: _____

Center Preference (Code/Name): _____

Venue Preference (Code/Name): _____

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Gaurav

PRN: 2017016400851094	Eligibility Status: Eligible	Examination form No.: 114089 	Division/Section: A	Roll No.: 56
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: GAURAV GANESH TALEGAONKAR	Mother's Name: GEETANJALI	Gender: Male
Name in Vernacular Language: Gaurav ganesh talegaonkar		
Address: room no. 473, opposite don bosco school, tagore nagar, vikhroli east, mumbai		
City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083		
Telephone no.:	Mobile no: 918692836197	Email : talegaokargaurav292@gmail.com
DOB: Sep 21, 1999	Category: Reserved (OBC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246610 (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	88701	Software Quality Assurance	Th-UA []; Th-CA []
2	88702	Security in Computing	Th-UA []; Th-CA []
3	88703	Business Intelligence	Th-UA []; Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA []; Th-CA []
5	88706	IT Service Management	Th-UA []; Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400851426	Eligibility Status: Eligible	Examination form No.: 114090 	Division/Section: A	Roll No.: 10	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: CHHEDA YASH PRADEEP	Mother's Name: PUSHPA	Gender: Male
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Name in Vernacular Language: छेडा यश प्रदीप

Address: 22, 1ST FLOOR, HARIA NIWAS SANT TUKARAM ROAD MULUND EAST

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

Telephone no.:	Mobile no: 919892561257	Email : yashcheda66@gmail.com
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DOB: Aug 19, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246560 (Status: ATKT)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date: Student's Signature
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Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400851523	Eligibility Status: Eligible	Examination form No.: 114091 	Division/Section: A	Roll No.: 25	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: KESARIYA SHUBHAM KAMLESH	Mother's Name: DHARMISHTA	Gender: Male
---	---------------------------	--------------

Name in Vernacular Language: केसरिया शुभम कमलेश

Address: 06/LALIT KUNJ C.H.S, KD GAIKWAD ROAD, MULUND(WEST)

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

Telephone no.:	Mobile no: 917738491367	Email : kesariya.shubham9@gmail.com
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DOB: Oct 22, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246575 (Status: ATKT)
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Exam form appearance type: Fresher

Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)
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SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar Date:
	Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

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A.P. Doshi

PRN: 2017016400851643	Eligibility Status: Eligible	Examination form No.: 114092 	Division/Section: A	Roll No.: 15
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: AKSHAY PARESH DOSHI	Mother's Name: RUPA	Gender: Male
--	---------------------	--------------

Name in Vernacular Language: अक्षय परेश दोशी
--

Address: a/21 Nilesh bhuvan namdev path gograswadi gate

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

Telephone no.:	Mobile no: 919022639243	Email : adoshi127@gmail.com
----------------	-------------------------	-----------------------------

DOB: Jun 01, 2000	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246565 (Status: ATKT)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Anubhav Yadav

PRN: 2017016400852291	Eligibility Status: Provisional	Examination form No.: 114093 	Division/Section: A	Roll No.: 73
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: YADAV ANUBHAV HARISH CHANDRA	Mother's Name: SUSHILA DEVI	Gender: Male
Name in Vernacular Language: anubhav yadav		
Address: gagangiri chawl, paradipada, gholai nagar kharegaon kalwa east thane		
City: mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605		
Telephone no.:	Mobile no: 919987934880	Email : yadav.anubhav0107@gmail.com
DOB: Jul 01, 2001	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246620 (Status: ATKT)
Exam form appearance type: Fresher		

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [];Th-CA []
2	88702	Security in Computing	Th-UA [];Th-CA []
3	88703	Business Intelligence	Th-UA [];Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [];Th-CA []
5	88706	IT Service Management	Th-UA [];Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016400852317	Eligibility Status: Eligible	Examination form No.: 114094 	Division/Section: A	Roll No.: 72	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: SHARMA LAXMIBEBI CHOTELAL	Mother's Name: KIRAN	Gender: Female
Name in Vernacular Language: शर्मा लक्ष्मिबेबी चोटेलाल		
Address: navyuvak hsg society room no c/13 kajupada pipeline		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072		
Telephone no.:	Mobile no: 918779871614	Email : angelofdeath9901@gmail.com
DOB: May 27, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246601 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Ambuj - P.

PRN: 2017016401257196	Eligibility Status: Eligible	Examination form No.: 114095 	Division/Section: A	Roll No.: 35
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: PANDEY AMBUJKUMAR SURYANARAYAN	Mother's Name: ARUNA	Gender: Male
---	----------------------	--------------

Name in Vernacular Language: पांडे अंबुजकुमार सूर्यनारायण

Address: DONGRI PADA WAMAN NAGAR G B ROAD

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400615

Telephone no.: Mobile no: 919619306946 Email : pandeysatyamiit@gmail.com

DOB: Feb 12, 1998 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 3246586 (Status: ATKT)

Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

DD No: MICR No: DD Date: Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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R. Yadav

PRN: 2017016401265911	Eligibility Status: Eligible	Examination form No.: 114096 	Division/Section: A	Roll No.: 69
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: YADAV ROSHNI RAMLAL	Mother's Name: SHANTIDEVI	Gender: Female
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Name in Vernacular Language: यादव रौशनी रामलाल

Address: shanti niwas room no.821 yashshvi nagar revale talao kapurbawadi thane west

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

Telephone no.:	Mobile no: 918898807405	Email : roshniyadav742@gmail.com
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DOB: Oct 13, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246623 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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, The Controller of Examination,

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

Place: Vidyavihar
Date:
Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

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Zala P. a.

PRN: 2017016401477783	Eligibility Status: Eligible	Examination form No.: 114097 	Division/Section: A	Roll No.: 70
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: ZALA PRIYANKABEN ANANADBHAI	Mother's Name: KAMALABEN	Gender: Female
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Name in Vernacular Language: झाला प्रियांकाबेन आनंदभाई
--

Address: ROOM NO 1 RAM AVTAR BLDG PADWAL NAGAR WAGLE ESTATE

City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601
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Telephone no.:	Mobile no: 919601577272	Email : PRIYANKAZALA1320@GMAIL.COM
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DOB: Apr 17, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246624 (Status: Pass)
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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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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):

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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)

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PARTH

PRN: 2017016401605047	Eligibility Status: Eligible	Examination form No.: 114098 	Division/Section: A	Roll No.: 58
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: THAKKAR PARTH BHAVESH	Mother's Name: UMA	Gender: Male
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Name in Vernacular Language: ठक्कर पार्थ भावेश

Address: 22,PUSHPAM VILLA CHS MANPADA ROAD OPP. PRAKASH DAIRY, DOMBIVLI EAST

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

Telephone no.:	Mobile no: 919773643100	Email : PARTH99.THAKKAR@GMAIL.COM
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DOB: Nov 06, 1999	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246613 (Status: ATKT)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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):

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	Date:

Declaration by Principal/HOD/Chairperson

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



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

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Aagam B. D.

PRN: 2017016401607874	Eligibility Status: Eligible	Examination form No.: 114099 	Division/Section: A	Roll No.: 14
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: DOSHI AAGAM BHARATBHAI	Mother's Name: MANISHABEN	Gender: Male
Name in Vernacular Language: दोगी आगम भरतभाई		
Address: 002/B-5, SHANKHESHWAR NAGAR OPP-SHANIDEV TEMPLE, MANPADA ROAD DOMBIVALI(E)		
City: DOMBIVALI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201		
Telephone no.:	Mobile no: 917666966270	Email : AAGAMDOSHI1100@GMAIL.COM
DOB: Mar 21, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246564 (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	88701	Software Quality Assurance	Th-UA [] ; Th-CA []
2	88702	Security in Computing	Th-UA [] ; Th-CA []
3	88703	Business Intelligence	Th-UA [] ; Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ; Th-CA []
5	88706	IT Service Management	Th-UA [] ; Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Nikam

PRN: 2017016401795277	Eligibility Status: Eligible	Examination form No.: 114100 	Division/Section: A	Roll No.: 33
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: NIKAM VIJAYA VISHWAS	Mother's Name: VAISHALI	Gender: Female
---	-------------------------	----------------

Name in Vernacular Language: मराठी

Address: PANJABI COLONY CHAWL NO. 2 ROOM NO.200 2 VASANTRO NAIK NAGAR NETAJI NAGAR, NETAJI NAGAR, GHATKOPAR (EAST)

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

Telephone no.:	Mobile no: 919594254716	Email : vijunikam1234@gmail.com
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DOB: Aug 03, 1998	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem III(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 54645 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016401795432	Eligibility Status: Eligible	Examination form No.: 114101 	Division/Section: A	Roll No.: 1	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: AMBRE ABHISHEK SURESH	Mother's Name: SUJATA AMBRE	Gender: Male
Name in Vernacular Language: Abhishek		
Address: Matoshri niwas chawl kurla kajupada Pipeline andheri road		
City: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072		
Telephone no.:	Mobile no: 918424832375	Email : aaambre80@gmail.com
DOB: Oct 07, 1997	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246552 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



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

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PRN: 2017016401983247	Eligibility Status: Eligible	Examination form No.: 114102 	Division/Section: A	Roll No.: 17	
Instruction Medium:			Nationality: India		

Student's Personal Information

Student's Name: GUPTA SANTOSH GANGARAM	Mother's Name: URMILA DEVI	Gender: Male
Name in Vernacular Language: गुप्ता संतोष गंगाराम		
Address: 97 A/B, ROOM NO 3, GHOLKAR WADI, MAGAN NATHURAM MARG, MAGAN NATHURAM SCHOOL, KURLA (w),		
City: MUMBAI, Taluka: MUMBAI, District: , State: Maharashtra, PIN: 400070		
Telephone no.: 9702571221	Mobile no: 919702571221	Email : sg04599@gmail.com
DOB: Mar 29, 1997	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246568 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

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



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

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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Supriya Singh
Candidate's

PRN: 2017016403361616	Eligibility Status: Provisional	Examination form No.: 114103 	Division/Section: A	Roll No.: 53
Instruction Medium:			Nationality: India	

Student's Personal Information

Student's Name: SINGH SUPRIYA RAVINDRA KUMAR	Mother's Name: NEELAM	Gender: Female
Name in Vernacular Language: सिंह सुप्रिया रविंद्र कुमार		
Address: A5-2, JAY DURGA SOCIETY, KHADI NO.3, NETAJI NAGAR, KANJUPADA, KURLA WEST, MUMBAI		
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072		
Telephone no.:	Mobile no: 917045546147	Email :
DOB: May 17, 2000	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 909983 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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

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



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

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B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016403361632	Eligibility Status: Provisional	Examination form No.: 114104 	Division/Section: A	Roll No.: 5
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: BARNAGARWALA HUSAIN YUSUF ALI	Mother's Name: RASHIDA	Gender: Male
Name in Vernacular Language: बरनगरवाला हुसैन युसूफ अली		
Address: MOHAMMED MANZIL, 4/404, ZAINY CLOONY NEAR MUMBRA POLICE STATION		
City: THANE, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400612		
Telephone no.:	Mobile no: 918291345112	Email :
DOB: Jan 09, 1999	Category: Open	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 909980 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Venue Preference (Code/Name):

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

Declaration by Principal/HOD/Chairperson

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



University of Mumbai, Mumbai

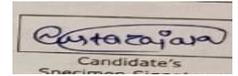
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S. K. Somaiya College of Arts, Science and Commerce (540)

Application Form for Examination of Summer Session 2020 event.

B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN:
2017016403361647

Eligibility Status:
Provisional

Examination form No.:
114105

Division/Section:
A

Roll No.:
21

Instruction Medium:

Nationality: India

Student's Personal Information

Student's Name: JALAL MURTAZA YUSUF

Mother's Name: SAKINA

Gender: Male

Name in Vernacular Language: जलाल मुर्तजा युसूफ

Address: B-404, 4TH FLOOR MUMBRA DEVI APT, OPP ANGLE PARADISE ENGLISH SCHOOL NARAVAN NAGAR

City: THANE, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400612

Telephone no.: 45112

Mobile no: 919664335649

Email :

DOB: Apr 09, 2000

Category: Open

Physically Handicap: No

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

Exam Event: Apr-2019

Seat No: 909982 (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	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

Convocation Fee

Exam Form Late Fee

Exam Form Super Late Fee

Examination Fees

Mark Statement Fee

Total:

Payment Details:

Amount Received:

College Receipt No. and Date:

DD No:

MICR No:

DD Date:

Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: Vidyavihar

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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Place:

Date:

College Staff Signature

Seal and Signature of
Principal/HOD/Chairperson



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

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B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2017016403361817	Eligibility Status: Provisional	Examination form No.: 114106 	Division/Section: A	Roll No.: 64	
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: VISHWAKARMA GYANKUSH RAM MURTI	Mother's Name: ARTI DEVI	Gender: Male
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Name in Vernacular Language: विश्वकर्मा जानकूश राम मूर्ति

Address: GROUND FLOOR, PREM NAGAR, LBS MARG, NAIK NAGAR, DHARAVI-SION, MUMBAI

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

Telephone no.:	Mobile no: 919029300314	Email :
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DOB: Jan 15, 2000	Category: Reserved (OBC)	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 910242 (Status: ATKT)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-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, The Controller of Examination, I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.	Place: Vidyavihar
	Date:
Student's Signature	

Declaration by Principal/HOD/Chairperson

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

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



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PRN: 2018016402583291	Eligibility Status: Provisional	Examination form No.: 114107 	Division/Section: A	Roll No.: 32
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Instruction Medium:	Nationality: India
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Student's Personal Information

Student's Name: JAT MADANLAL HIRALAL	Mother's Name: PREMIDEVI	Gender: Male
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Name in Vernacular Language: जात मदनलाल हिरालाल

Address: OLD BARRACK NEAR NAVIJIVAN SOCIETY CHEMBUR CAMP MUMBAI

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

Telephone no.:	Mobile no: 919967528485	Email : JATMADANLAL001@GMAIL.COM
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DOB: Nov 03, 1997	Category: Open	Physically Handicap: No
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Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246572 (Status: Pass)
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Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

Payment Details:

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

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**

Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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



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

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B.Sc. (I.T.)(with Credits)-Regular-Rev16-T.Y. B.Sc. (I.T.)-Sem VI [1S00256]

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PRN: 2018016402583317	Eligibility Status: Provisional	Examination form No.: 114108 	Division/Section: A	Roll No.: 38
Instruction Medium:			Nationality: India	

Student's Personal Information		
Student's Name: PARDHE GANESH GULAB	Mother's Name: RATNA	Gender: Male
Name in Vernacular Language: पारधे गणेश गुलाब		
Address: SURAJ SOCIETY, ROOM NO4/2, VIJAY NAGAR, KALYAN (E)		
City: KALYAN, Taluka: Mehekar, District: Buldhana, State: Maharashtra, PIN: 421306		
Telephone no.:	Mobile no: 918655149882	Email : GANESHPARDHE232@GMAIL.COM
DOB: Aug 10, 1998	Category: Reserved (SC)	Physically Handicap: No
Previous Latest Examination Details: Sem IV(Regular-Rev16)	Exam Event: Apr-2019	Seat No: 3246590 (Status: ATKT)

Exam form appearance type: Fresher

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

SN	Paper Code	Paper Name	AM - AT
1	88701	Software Quality Assurance	Th-UA [] ;Th-CA []
2	88702	Security in Computing	Th-UA [] ;Th-CA []
3	88703	Business Intelligence	Th-UA [] ;Th-CA []
4	88704	Principles of Geographic Information Systems	Th-UA [] ;Th-CA []
5	88706	IT Service Management	Th-UA [] ;Th-CA []
6	USIT6P1	Project Implementation	Pr-UA []
7	USIT6P2	Security in Computing Practical	Pr-UA []
8	USIT6P3	Business Intelligence Practical	Pr-UA []
9	USIT6P4	Principles of Geographic Information Systems Practical	Pr-UA []
10	USIT6P6	Advanced Mobile Programming	Pr-UA []

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

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

Center Preference (Code/Name):

Venue Preference (Code/Name):

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	Date:
Student's Signature	

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