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| | | | | S. K. Somaiy | a College of Arts, Scier | nce and Comm | nerce (540) | | | |
| | | | | Application Forr | n for Examination of Su | ummer Sessio | n 2020 event. | | | |
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| | PR | | | ibility Status: | Examination for | | Division/Section: | Pol | l No.: | 0 |
| 20 | | 00842331 | Liig | Eligible | 029347 | | D | _ | 88 | a gatere |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Studer | nt's Name | e: NAIR S | URAJ HARI | | | | Mother's Name: R | ANJINI | | Gender: Male |
| Name | in Verna | cular Langua | age:നായർ | സൂരജ് ഹരി | | | | | | |
| Addres | ss: 12/2,SIDDHARTH CHAWL KAJUPADA-PIPELINE | | | | | | | | | |
| City: N | MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072 | | | | | | | | | |
| Teleph | ephone no.: Mobile no: 918425913492 Email : surajnair_1999@rediffmail.com | | | | | | | | | |
| DOB: I | : Nov 20, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | vious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235935 (Status: ATKT) | | | | | | | | | |
| | n form appearance type: Fresher | | | | | | | | | |
| | per Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | |
| SN | · · | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ing IX - Financial Acco | - | | | h-UA [] | |
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| 3 | | 013 | Business Ec | | | | | | h-UA [] | |
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| | led or rej | | | | Ū | | | | | Student's Signature |
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| respor | nsibility o | f fulfillment/r | ectification of | | e/she is regular studer | | | | | |
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| Instruc | tion Med | lium: | | · | | | Nationality: | India | | |
| | | | | | Student's Per | rsonal Informati | on | | | |
| Studen | ent's Name: WAGHMARE PRAJAKTA PRAKASH Mother's Name: PRATIBHA Gender: Female | | | | | | | | | |
| Name i | in Vernacular Language:PRAJAKTA | | | | | | | | | |
| Addres | s: A 402 | 2, APOLLO F | PRIDE ENCL | AVE BLDG NR BHA | ARAT SAHAKARI BAI | NK VISHNU N/ | AGAR , NAUPADA T | THANE V | NEST | |
| | - | | e, District: Th | nane, State: Mahara | shtra, PIN: 400602 | | | | | |
| · · | | : 25301555 | | | ile no: 917506833905 | 5 | Emai | il : wagh | marepraju22 | 2@gmail.com |
| DOB: N | OB: Nov 22, 1997 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236336 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | aper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
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| 1 | 83 | 3001 | Financial Act | counting and Auditi | ing IX - Financial Acco | ounting | | | Th-UA [] | |
| 2 | 83 | 3007 | Financial Acc | counting and Auditi | ing X - Cost Accountir | ng | | | Th-UA [] | |
| 3 | 83 | 3013 | Business Eco | onomics VI | | | | | Th-UA [] | |
| 4 | 83 | 3014 | Commerce V | /I | | | | | Th-UA [] | |
| 5 | 83 | 3015 | Direct and In | ndirect Taxation Pap | per II | | | | Th-CA [] | |
| 6 | 83 | 3020 | Computer sy | stems and Applicat | tions Paper II | | | | Th-UA [] ;Th | ו-CA [] |
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| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. Student's Signature | | | | | | | | | |
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| Instructi | ion Med | lium: | - | | | | Nationality: | India | - | | | | | | |
| | | | | | Student's Per | rsonal Informati | on | | | | | | | | |
| Student | | | | ASADNAIK SUBBA | | | Mother's Name: SA | AROJABAI | G | Gender: Male | | | | | |
| Name ir | n Verna | cular Langua | age:विसळावात | साईप्रसादनाईक स् | _{ब्} बानाईक | | | | | | | | | | |
| KAMRA | Address: ROOM NO:-26, chawl no:- 1, MAGITH GALLI, KAMRAJ NAGAR, GHATKOPAR(E), MUM-400077. ROOM NO:-26, chawl no:- 1, MAGITH GALLI, (AMRAJ NAGAR, GHATKOPAR(E), MUM-400077. City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077 | | | | | | | | | | | | | | |
| - | | Taluka: Kurl | a, District: Mu | | | | I | | | | | | | | |
| Telepho | | 000 | | | e no: 918433791270 | | I | I : sainaik146 | 6@gmai | .com | | | | | |
| | DOB: Jan 02, 1998 Category: Open Physically Handicap: No | | | | | | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236227 (Status: Pass) Exam form appearance type: Fresher | | | | | | | | | | | | | | |
| Paper D | | | | per details which vo | u want to appear (U | A - University A | ssessment.CA - Co | lleae Assessr | nent) | | | | | | |
| SN | | r Code | | · · · · · · · · · · · · · · · · · · · | Paper Nam | | | | , | AM - AT | | | | | |
| 1 | | 001 | Financial Acc | counting and Auditir | ng IX - Financial Acc | | | Th-U | A[] | | | | | | |
| 2 | 83 | 007 | | | ng X - Cost Accountin | | | Th-U | A[] | | | | | | |
| 3 | 83 | 013 | Business Eco | onomics VI | - | - | | Th-U | A[] | | | | | | |
| 4 | 83 | 014 | Commerce V | 1 | | | | Th-U | A[] | | | | | | |
| 5 | 83 | 015 | Direct and Ind | direct Taxation Pap | er II | | | Th-C | A[] | | | | | | |
| 6 | 83 | 016 | Export Marke | ting Paper II | | | | Th-C | A[] | | | | | | |
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| l reques declare have go | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any | | | | | | | | | | | | | | |
| | ound. I | understand | | | n being found false | | | | Stu | udent's Signature | | | | | |
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| This for respons | m is car sibility o | refully scrutir f fulfillment/r | nized by the C | college staff and by the information. He | me. The information /she is regular stude | | | | | I also undertake the nce and practical | | | | | |
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| | P. C. | Το explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Con | versity of Mumb http://mum.digitaluniv College of Arts, Scie for Examination of S ts)-Regular-Rev16-T. npetitive Exams, Career Fai npetitive Exams, Career Fai | ersity.ac/ nce and Comm ummer Sessio .Y. B.ComSer rs etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | ridha' accou | int on | | |
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| | PR | N: | Eligi | bility Status: | Examination for 029350 | rm No.: | Division/Section: | Ro | oll No.: | N. M. Chavam | |
| 2 | 0170164 | 00842435 | | Eligible | | | A | | 22 | (4.1 | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | | |
| | | | | | Student's Per | sonal Informati | - | | | | |
| | nt's Name | | AN NITIN MAI | | | | Mother's Name: M | ANISHA | | Gender: Male | |
| Name | in Verna | n Vernacular Language:चव्हाण नितीन महादेव | | | | | | | | | |
| Addre | ss: SAIR | s: SAIRAJA SOCIETY RAM NAGAR (B) GHATKOPAR (W) | | | | | | | | | |
| - | | | a, District: Mu | | ate: Maharashtra, Pll | | I | | | | |
| | none no.: | | | | e no: 919167090321 | | | il : nitin34 | 1chavan@gn | nail.com | |
| | DOB: Mar 24, 2000 Category: Open Physically Handicap: No | | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235670 (Status: Pass) Exam form appearance type: Fresher | | | | | | | | | 35670 (Status: Pass) | |
| | Details: | | | ner details which vo | u want to appear (U | A - I Iniversity A | Assessment CA - Co | llene Ass | sessment) | | |
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| 1 | | 6001 | Financial Acc | counting and Auditir | ng IX - Financial Acco | | | | Th-UA [] | | |
| 2 | 83 | 007 | Financial Acc | counting and Auditir | ng X - Cost Accountir | ng | | - | Th-UA[] | | |
| 3 | 83 | 013 | Business Eco | onomics VI | | | | - | Th-UA [] | | |
| 4 | 83 | 014 | Commerce V | (1 | | | | - | Th-UA [] | | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | | Th-CA [] | | |
| 6 | 83 | 020 | Computer sy | stems and Applicat | • | 1 | | - | Th-UA [] ;Th | -CA[] | |
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| l reque declar | P. The Controller of Examination, equest permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby clare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ve gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not Place: Vidyavihar Date: | | | | | | | | | | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
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| A A | 4 | | University of Mumbai, Mumbai Intro://mum.digitaluniversity.ac/ Intro://mum.digitaluniversity.ac/ Intro://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Intro://mum.digitaluniversity.ac/ Application Form for Examination of Summer Session 2020 event. Intro://mum.digitaluriversity.ac/ B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] Intro://mum.digitaluriversity.ac/ | | | | | | | | | | |
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| | | To explo | e your personaliz | ed Job Opportunities. Cor | ts)-Regular-Rev16-T.` npetitive Exams, Career Fain ersity.ac/. Activate your 'e-S | s etc., click on 'EAs | SY' link in vour 'e-Suv | <i>v</i> idha' accour | it on | | | | |
| 20 | PR | N:)0842451 | Eligi | bility Status: Eligible | Examination for 029351 | m No.: | Division/Section: | | ll No.: 590 | Rjaiswal | | | |
| | tion Med | | | Liigible | | | L Nationality: | India | | | | | |
| msuuc | | ium. | | | Student's Pers | onal Informati | , | Inula | | | | | |
| Studer | nt's Name | | AL KINJAL C | | | | Mother's Name: R | FFTA | (| Gender: Female | | | |
| | ame in Vernacular Language:जैस्वाल किंजल चंद्रआन | | | | | | | | | | | | |
| | ame in vernacular Language:जस्वाल ाकजल यद्रमान ddress: c wing ROOM NO 305 LAXMAN NAGAR KARM GEETA SOC. NEAR RAJAWADI HOSP. | | | | | | | | | | | | |
| | | - | | | ate: Maharashtra, PIN | | 58. | | | | | | |
| , | | | | | le no: 918828208129 | 1. 400077 | Ema | il · satishis | same25@gn | nail com | | | |
| | Felephone no.: Mobile no: 918828208129 Email : satishisame25@gmail.com DOB: Jan 17, 2000 Category: Open Physically Handicap: No | | | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235824 (Status: Pass) | | | | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Ass | essment) | | | | |
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| 1 | 83 | 001 | | - | ng IX - Financial Acco | - | | Т | ĥ-UA [] | | | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | g | | Т | ĥ-UA [] | | | | |
| 3 | | 013 | Business Ec | onomics VI | | | | | h-UA [] | | | | |
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| declare | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct to bed for the examination | o the best of n | ny knowledge and be | elief. I | Date: | | | | |
| reques other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | | | | |
| cancel | led or rej | ected. | | | | | | | St | udent's Signature | | | |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular studen | | | | | e. I also undertake the ance and practical | | | |
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| | PR | | | ibility Status: | Examination for 029352 | rm No.: | Division/Section: | R | oll No.: | a Ibia |
| 20 | 170164 | 00842474 | | Eligible | | | А | | 30 | H-4. Pedhia |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Per | sonal Informati | on | | | |
| Studen | dent's Name: DEDHIA HELISHA YATIN Mother's Name: BEENA Gender: Female | | | | | | | | | |
| Name i | ne in Vernacular Language:HELISHA | | | | | | | | | |
| | | | | | TKOPAR [WEST] MU | | | | | |
| | | | : Mumbai, Dis | | State: Maharashtra, F | | | | | |
| · · | one no.: | | | | ile no: 918828081829 | | | I : helish | nayatindedhi | ia@gmail.com |
| | OB: Oct 03, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235699 (Status: ATKT) | | | | | | | | | 235699 (Status: ATKT) |
| Exam form appearance type: Fresher | | | | | | | | | | |
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| | SN Paper Code Paper Name AM - AT 1 83001 Financial Accounting and Auditing IX - Financial Accounting Th-UA [] | | | | | | | | | |
| 1 | | 3001 | | | | | | | Th-UA [] | |
| 2 | | 3007 | | | ng X - Cost Accountin | ıg | | | Th-UA[] | |
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| I reque declare have ge reques other g | Fo, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| cancell | led or rej | ected. | | | | | | | | Student's Signature |
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| respon | nsibility o | of fulfillment/r | rectification of | | me. The information e/she is regular studer | | | | | ge. I also undertake the dance and practical |
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| - | P. C. | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi and Job Opportunities, Cor | versity of Mumb http://mum.digitaluniv/ College of Arts, Scie for Examination of S ts)-Regular-Rev16-T. mpetitive Exams, Career Fail ersity.ac/. Activate your 'e-S | ersity.ac/ nce and Comn ummer Sessio Y. B.ComSer rs etc., click on 'EA | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | idha' account d | 'n | 8 | |
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| | PR | N: | Eligi | bility Status: | Examination for 029353 | | Division/Section: | Roll I | No.: | 8. | |
| 20 | 0170164 | 00842497 | | Eligible | | | F | 61 | 5 | Dayan | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | | |
| | | | | | Student's Pers | sonal Informati | on | | | | |
| Stude | nt's Name | e: DAYAI | NI KIRAN GH | ANSHYAM | | | Mother's Name: M | AMTA | 0 | Gender: Female | |
| Name | in Verna | cular Langua | age:दयनिय वि | करण घ्यानशॅम | | | | | | | |
| Addre | ss: 1/13,9 | 3,SHRINGAR SOCEITY, VALIPEER ROAD BAIL BAZAR | | | | | | | | | |
| City: N | /UMBAI, | BAI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421301 | | | | | | | | | |
| Telepł | none no.: | 2325033 | | Mobi | le no: 918424979403 | | Emai | I : dayanik8 | 88@gmail.o | com | |
| DOB: | :: Jan 09, 2000 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previo | evious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235698 (Status: Pass) | | | | | | | | | | |
| Exam | xam form appearance type: Fresher | | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (U | A - University A | Assessment,CA - Co | llege Asses | sment) | | |
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| 1 | 83 | 6001 | Financial Ac | counting and Auditin | ng IX - Financial Acco | ounting | | Th- | -UA [] | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accountin | g | | Th- | -UA [] | | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | | -UA [] | | |
| 4 | 83 | 6014 | Commerce \ | /I | | | | Th- | -UA [] | | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | Th- | -CA[] | | |
| 6 | 83 | 023 | Investment A | Analysis and Portfoli | io Management Pape | r II | | Th- | -CA[] | | |
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| Instruc | tion Med | lium: | | _ | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Studer | nt's Name | e: SHAIK | H SHAHIN M | OHAMMED INTEK | HAB | | Mother's Name: R | AFIYA BEC | GUM | Gender: Female |
| Name | ame in Vernacular Language:शेख शाहीन मोहम्मद ईंटखाबं | | | | | | | | | |
| | dress: Room No. 8/A Ashiyana Housing Society Tilak Nagar Link Road Sakinaka | | | | | | | | | |
| | | | , | ° , | ite: Maharashtra, PIN: | | | | | |
| , | - | | | | le no: 918828351376 | 400072 | Emai | il : shaikhna | agma050@ |)gmail.com |
| | Telephone no.: Mobile no: 918828351376 Email : shaikhnagma050@gmail.com DOB: Mar 24, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| - | Previous Latest Examination Details: Sem III(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0415971 (Status: ATKT) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
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| 1 | 83 | 001 | Financial Ac | counting and Auditin | ng IX - Financial Acco | unting | | Th | -UA[] | |
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| 5 | 83 | 015 | Direct and Ir | ndirect Taxation Pap | er II | | | Th | -CA[] | |
| 6 | 83 | 023 | Investment A | Analysis and Portfoli | o Management Paper | · | | Th | -CA[] | |
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| reques | have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
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| | F | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Image: College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. Image: College of Arts, Science and Commerce (540) B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] Image: College of Arts, Science and Commerce (540) | | | | | | | | | | |
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| | | To explo | re your personaliz | ed Job Opportunities, Co | ts)-Regular-Rev16-T. npetitive Exams, Career Fair ersity.ac/. Activate your 'e-S | s etc., click on 'EAS | SY' link in your 'e-Su | ridha' accour | nt on | | | |
| 2 | PR 0170164 | N: 00842524 | Eligi | bility Status: Eligible | Examination for 029355 | m No.: | Division/Section: | _ | ll No.: 245 | C. Burrow | | |
| | ction Med | | | Ligibio | | | Nationality: | India | | | | |
| mstruc | | ium. | | | Student's Pers | sonal Informati | | inula | | | | |
| Stude | nt's Name | | | SITARAM | Student's r ers | | Mother's Name: S | ПОНІ | | Gender: Female | | |
| | lame in Vernacular Language:शिवानी चव्हाण | | | | | | | | | | | |
| | ame in Vernacular Language:शिवाना चव्हाण Idress: 3/54 Tata Colony Navghar Road Mulund (east) | | | | | | | | | | | |
| | | | | , , | to Mohorophiro DIN | 400091 | | | | | | |
| | none no.: | | i, district. Mu | | te: Maharashtra, PIN le no: 919833981924 | . 400061 | Ema | il : chivoni | chavan002 | 2@gmail.com | | |
| | Dec 09, 1 | 000 | Ca | tegory: Open | 10. 919655961924 | Physically | Handicap: No | II. SHIVAH | CIIdvali092 | 2@gmail.com | | |
| | , | | | m IV(Regular-Rev1 | 6) | Exam Even | • | | Seat No: 02 | 35674 (Status: Pass) | | |
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| 1 | | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | unting | | Т | ĥ-UA [] | | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | g | | Т | h-UA [] | | | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Т | h-UA [] | | | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Т | ĥ-UA [] | | | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | Т | ĥ-CA [] | | | |
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| a la | 4 | To explo | re your personaliz | S. K. Somaiya Application Forn B.Com.(with Cred | iversity of Mumba http://mum.digitaluniversi a College of Arts, Science n for Examination of Sum lits)-Regular-Rev16-T.Y. mpetitive Exams, Career Fairs ef rersity.ac/. Activate your 'e-Suvi | t <u>v.ac/</u> e and Comm mer Session B.ComSer | erce (540) n 2020 event. n VI [2C00146] | uvidha' accou | int on | Contraction of the second seco |
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| | PR | | | bility Status: | Examination form 029356 | | Division/Section: | Ro | oll No.: | |
| 20 | 1701640 | 0842555 | _ | Eligible | | | F | | 725 | Ashah |
| Instruct | tion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Persor | nal Informati | on | | | |
| Studen | t's Name | : SHAH | SAPNA KALF | PESH | | | Mother's Name: | CHARULA | TA | Gender: Female |
| Name i | in Verna | cular Langua | age:શાહ સપન | ા કલ્પેશ | | | | | | |
| Addres | s: 31,TIF | | ARTMENT PA | NDURANG WADI | , MANPADA ROAD, | | | | | |
| City: D | OMBIVL | /LI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201 | | | | | | | | |
| Teleph | one no.: Mobile no: 919619736728 Email : shah.sapna1101@gmail.com | | | | | | | | | |
| DOB: J | : Jan 11, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236112 (Status: Pass) | | | | | | | | | |
| Exam f | xam form appearance type: Fresher | | | | | | | | | |
| Paper I | Details: | Plea | ase select Pa | per details which y | ou want to appear (UA - | University A | ssessment,CA - C | ollege Ass | sessment) | |
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| 1 | | | | | | | | | | |
| 2 | | 007 | | | ing X - Cost Accounting | | | | Th-UA [] | |
| 3 | | 013 | Business Eco | | | | | | Th-UA [] | |
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| 6 | | 023 | Investment A | | lio Management Paper II | | | | Th-CA[] | _ |
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| To, The | e Contro | ller of Exami | nation, | | | | | | Plac | e: Vidyavihar |
| declare | uest permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby are that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | | |
| reques other g | quest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ner ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ncelled or rejected. | | | | | | | | | |
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| 20 | | N. 00842563 | ⊏lig | ibility Status: Eligible | 029357 | | Division/Section: E | | No.: 65 | EREAZ . |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Perso | nal Informati | on | | | |
| Studen | t's Name | e: RATHO | DD NEHA MA | ADHU | | | Mother's Name: JA | AYSHREE | (| Gender: Female |
| Name i | ne in Vernacular Language:राठोड नेहा मधू | | | | | | | | | |
| Addres | dress: RM NO-21, KHIMAJI POOJA CHAWL, BHARAT COAL COMPOUND, BAIL BAZAR, KURLA WEST, | | | | | | | | | |
| | | | | - | tate: Maharashtra, PIN: | | | | | |
| Teleph | one no.: | | | Mob | ile no: 919967761471 | | Emai | il : nikhilrat | thod176@g | mail.com |
| DOB: J | DOB: Jul 24, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236048 (Status: Pass) | | | | | | | | | |
| Exam f | Exam form appearance type: Fresher | | | | | | | | | |
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| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Accou | nting | | Tł | n-UA [] | |
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| declare | that all | statement m | ade in this a | pplication are true, | ination. I have remitted complete and correct to | the best of n | ny knowledge and be | elief. I | Date: | |
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| | PR | N: | Eligi | ibility Status: | Examination for 029358 | m No.: | Division/Section: | R | oll No.: | 1000 |
| 201 | 1701640 | 00842571 | | Eligible | | | С | | 269 | Xer |
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| | | | | | Student's Pers | sonal Informati | on | | | |
| | t's Name | | A KAJAL RAN | MLAL | | | Mother's Name: TA | ARADEV | /I | Gender: Female |
| | | cular Langua | | | | | | | | |
| Address | ress: BEHIND SAMAJ MANDIR HALL; 80/109 SAI BABA NAGAR ,SHELL COLONY CHEMBUR MUMBAI | | | | | | | | | |
| , | | Taluka: Mun | nbai, District: | | e: Maharashtra, PIN: 4 | | | | | |
| Telepho | | | | | ile no: 919167494710 | | | l : priyar | kasingh983 | 3@gmail.com |
| | DOB: Mar 15, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235717 (Status: Pass) | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| | aper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | | r Code | H | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ing IX - Financial Acco | | | | Th-UA [] | |
| 2 | | 007 | | | ing X - Cost Accounting | g | | | Th-UA [] | |
| 3 | | 013 | Business Eco | | | | | - | Th-UA [] | |
| 4 | | 014 | Commerce V | | | | | | Th-UA [] | |
| 5 | | 015 | | direct Taxation Pap | ber II | | | | Th-CA[] | |
| 6 | | 016 | Export Marke | eting Paper II | | | | | Th-CA [] | |
| | cation Fe | | | Exam Form Late F | -ee | Exam Form | Super Late Fee | | Examination | ו Fees |
| Mark St | tatemen | t Fee | | Total: | | | | | | |
| Paymer | nt Detail | s: / | Amount Recei | ived: | Cc | ollege Receipt I | No. and Date: | | | |
| DD No: | | <u></u> | | MICR No: | I | DD Date: | | | Bank: | |
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| | | nce (Code/Na | , | | | | | | | |
| | | ller of Exami | | | | | | | Place: | Vidyavihar |
| declare | that all | statement m | nade in this ap | pplication are true, o | nination. I have remitted complete and correct to ibed for the examinatio | to the best of m | ny knowledge and be | elief. I | | |
| other gr | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| Dealara | tion by | Drinelaol/UC | | | | | | | 3 | tudent's Signature |
| This for respons | rm is car sibility o | refully scrutir f fulfillment/r | ectification of | College staff and by | v me. The information p e/she is regular studen | | | | | |
| Place: | lace: | | | | | | | | | |
| Date: | | | | | | | | | | |

| A A | | To explo | e your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumba http://mum.digitalunivers College of Arts, Science for Examination of Sur ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs ersity.ac. Activate your 'e-Sur | ^{sity.ac/} ce and Comm nmer Session . B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | idha' account (| on | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------|-----------------|------------|-------------------|
| | PR | | | bility Status: | Examination form | | Division/Section: | Roll | No.: | 0 |
| 20 | | 00842586 | | Eligible | 029359 | | E | 57 | - | Rajesh |
| Instruc | tion Med | ium: | | | | | Nationality: | India | ļ | |
| | | | | | Student's Perso | nal Informati | on | | | |
| Studer | nt's Name | e: YADA\ | / RAJESH KL | JMAR RAMRAJ | | | Mother's Name: R | AJKUMARI | I (| Gender: Male |
| Name | Name in Vernacular Language:यादव राजेश कुमार रामराज | | | | | | | | | |
| Addres | Address: RAHAMTULLAH CHAWL,ROOM NO-3 SHANTINIKETAN C.H.S ,ANANDGAD PARKSITE,VIKHROLI (W) | | | | | | | | | |
| City: M | IUMBAI, | Taluka: Kurl | a, District: Mu | umbai Suburban, Si | ate: Maharashtra, PIN: | 400079 | | | | |
| Teleph | one no.: | | | Mobi | le no: 919619398194 | | Emai | l : yr78901 | 1@gmail.co | om |
| DOB: 0 | Oct 21, 1 | 999 | Cat | tegory: Open | | Physically | Handicap: No | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236240 (Status: Pass) | | | | | | | | | |
| Exam | form app | earance typ | e: Fresher | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Asses | ssment) | |
| SN | | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ng IX - Financial Accou | nting | | | -UA[] | |
| 2 | | 007 | | - | ng X - Cost Accounting | | | | -UA[] | |
| 3 | | 013 | Business Ec | | | | | | -UA [] | |
| 4 | | 014 | Commerce V | | | | | | -UA[] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | -CA[] | |
| 6 | | 016 | Export Marke | | | | Super Lete Fee | | -CA[] | |
| | cation Fe | | | Exam Form Late F | ·ee | | Super Late Fee | | xamination | rees |
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| Payme | ent Detai | s: / | Amount Rece | ived: | Coll | ege Receipt | No. and Date: | | | |
| DD No |): | | | MICR No: | | DD Date: | | Ba | ank: | |
| Center | Prefere | nce (Code/N | ame): | | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, Th | e Contro | ller of Exam | nation, | | | | | | Place: | Vidyavihar |
| declare | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitted complete and correct to bed for the examination | the best of m | ny knowledge and be | elief. I | Date: | |
| reques other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancer | ieu ol iej | ecieu. | | | | | | | Stu | udent's Signature |
| Declar | ation by | Principal/HC | D/Chairperso | on | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | me. The information pr e/she is regular student | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | te: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| A CONTRACTOR | | To explo | re your personaliz | ton | | | | | | |
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| | PR | N: | Elig | ibility Status: | ersity.ac/. Activate your 'e-So Examination form 029360 | | Division/Section: | Roll | l No.: | , the |
| 2 | 0170164 | 00842605 | | Eligible | | | F | 7 | 36 | Anghelle |
| Instruc | ction Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Stude | nt's Name | : SHELK | E AAKANKS | HA MANOJ POOR | NIMA | | Mother's Name: Po | OORNIMA | A (| Gender: Female |
| Name | Name in Vernacular Language: आकांक्षा शेळके | | | | | | | | | |
| Addre | Address: A/203 Regal Building C.S.T.Road Buddha Colony Kurla (W) MUM-400070 | | | | | | | | | |
| City: n | city: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070 | | | | | | | | | |
| Telepł | none no.: | | | Mobi | le no: 917045751395 | | Emai | il : aakank | shashelke04 | 1@gamil.com |
| DOB: | OB: Mar 04, 2000 Category: Reserved (SC) Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236142 (Status: Pass) | | | | | | | | | |
| Exam | form app | earance typ | e: Fresher | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | Assessment,CA - Co | llege Asse | essment) | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | | - | ng IX - Financial Acco | - | | TI | h-UA[] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accounting |] | | TI | h-UA[] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | TI | h-UA[] | |
| 4 | 83 | 014 | Commerce \ | /I | | | | TI | h-UA [] | |
| 5 | 83 | 015 | Direct and Ir | direct Taxation Pap | er II | | | TI | h-CA[] | |
| 6 | 83 | 023 | Investment A | Analysis and Portfoli | o Management Paper | | | TI | h-CA[] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | Examination | Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
| Paymo | ent Detai | s: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
| DD No | | | | MICR No: | | DD Date: | | В | Bank: | |
| Cente | r Prefere | nce (Code/N | ame): | 1 | | | | I | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, Th | e Contro | ller of Exam | ination, | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this a | pplication are true, c | ination. I have remitted complete and correct to ped for the examination | o the best of n | ny knowledge and be | elief. I | Date: | |
| reques | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | ecieu. | | | | | | | St | udent's Signature |
| Decla | ration by | Principal/HC | D/Chairpers | on | | | | | | |
| respoi | nsibility o | f fulfillment/r | ectification of | | me. The information p /she is regular studen | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| | To explo | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! Examination form No.: | | | | | | | | |
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| | PRN: | Eligi | bility Status: | 029361 | - | Division/Section: | Roll N | lo.: | Shatt . | |
| 201701 | 6400842621 | | Eligible | | | E | 500 |) | Chonne | |
| Instruction N | /ledium: | | | | | Nationality: | India | | | |
| | | | | Student's Perso | nal Informati | on | | | | |
| Student's Na | ame: SHAH | VATSAL BHA | RAT | | | Mother's Name: VI | MLA | C | Gender: Male | |
| Name in Vernacular Language:શાહ વત્સલ ભરત | | | | | | | | | | |
| Address: 11 KMS HOSTEL, JAIRAM KRISHNA SOCIETY DESHMUKHWADI, MITHAGHAR ROAD MULUND(E), MUMBAI | | | | | | | | | | |
| City: MUMB | Al, Taluka: Kur | a, District: Mu | umbai Suburban, St | tate: Maharashtra, PIN: | 400081 | | | | | |
| Telephone r | าด.: | | Mobi | le no: 917666901032 | | Emai | I:shahvatsa | al781@gn | nail.com | |
| DOB: Oct 20 | DOB: Oct 26, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236113 (Status: Pass) | | | | | | | | | | |
| Exam form a | appearance typ | e: Fresher | | | | | | | | |
| Paper Detai | ls: Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Assess | sment) | | |
| SN Pa | aper Code | | | Paper Name | | | | | AM - AT | |
| 1 | 83001 | | | ng IX - Financial Accou | nting | | | JA[] | | |
| 2 | 83007 | | | ng X - Cost Accounting | | | | JA [] | | |
| 3 | 83013 | Business Ec | | | | | | JA [] | | |
| 4 | 83014 | Commerce V | | | | | | JA [] | | |
| 5 | 83015 | | direct Taxation Pap | ber II | | | | CA[] | | |
| 6 Convocatior | 83016 | Export Marke | eting Paper II | | | Super Lete Fee | | CA [] amination | | |
| Mark Staten | | | Total: | -ee | Exam Form | Super Late Fee | | amination | rees | |
| IVIAIR Staten | | | 101. | | | | | | | |
| Payment De | etails: | Amount Rece | ived: | Coll | ege Receipt I | No. and Date: | | | | |
| DD No: | ľ | | MICR No: | | DD Date: | | Bar | ık: | | |
| Center Prefe | erence (Code/N | ame): | • | • | | | | | | |
| Venue Prefe | erence (Code/N | ame): | | | | | | | | |
| To, The Cor | ntroller of Exam | ination, | | | | | | Place: | Vidyavihar | |
| declare that | all statement m | ade in this ap | oplication are true, o | ination. I have remitted complete and correct to bed for the examination | the best of m | y knowledge and be | elief. I | Date: | | |
| request for a other ground | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| | Tejected. | | | | | | | St | udent's Signature | |
| Declaration | by Principal/HC | D/Chairperso | on | | | | | | | |
| responsibilit | | ectification of | the information. He | me. The information pr e/she is regular student | | | | | | |
| Place: | | | | _ | | | | | | |
| Date: | tte: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| e e | H | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | http://mum.digitalunive http://mum.digitalunive College of Arts, Scier for Examination of Su its)-Regular-Rev16-T. mpetitive Exams, Career Fair rersity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Sessior Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' accou | unt on | |
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| | PR | | | ibility Status: | Examination for 029362 | | Division/Section: | R | oll No.: | |
| 20 | 0170164 | 00842636 | | Eligible | | | С | | 275 | Close |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | • |
| | | | | | Student's Pers | sonal Informati | on | | | |
| Studer | nt's Name | e: GAIKV | AD AAKANK | (SHA ASHOK | | | Mother's Name: V | ANDANA | 4 | Gender: Female |
| Name | in Verna | cular Langua | age:Aakanksł | าล | | | | | | |
| Addres | ss: Abdu | Karim Chav | vl Rajaram ba | ane marg Laxmi bau | ug Ghatkopar (East) N | /lumbai-40007 | 5 | | | |
| City: N | City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075 | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 919699284388 Email : aakankshagaikwad25@gmail.com | | | | | | | | | |
| DOB: (| Oct 25, 1 | 999 | Cat | tegory: Open | | Physically | Handicap: No | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235728 (Status: Pass) | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | ۹ - University A | ssessment,CA - Co | llege As | sessment) | |
| SN | Pape | er Code | | | Paper Name | ; | | | | AM - AT |
| 1 | 83 | 3001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | unting | | | Th-UA [] | |
| 2 | 83 | 3007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | g | | | Th-UA [] | |
| 3 | 83 | 3013 | Business Ec | onomics VI | | | | | Th-UA [] | |
| 4 | 83 | 3014 | Commerce V | /I | | | | | Th-UA [] | |
| 5 | 83 | 8015 | Direct and In | ndirect Taxation Pap | per II | | | | Th-CA[] | |
| 6 | 83 | 8016 | Export Marke | eting Paper II | | | | | Th-CA[] | |
| Convo | cation Fe | Эе | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinati | on Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
| Payme | ent Detai | ls: / | Amount Rece | ived: | Cc | ollege Receipt I | No. and Date: | | | |
| DD No |): | | | MICR No: | | DD Date: | | | Bank: | |
| Center | r Prefere | nce (Code/N | ame): | | | • | | | | |
| Venue | Preferei | nce (Code/N | ame): | | | | | | | |
| l reque declare have g reques other g | Fo, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| Declar | ration by | Princinal/HC | D/Chairperso | on | | | | | | oludento olgitalare |
| This for respor | orm is car nsibility o | refully scrutir of fulfillment/r | nized by the C rectification of | College staff and by | r me. The information p e/she is regular studer | | | | | ge. I also undertake the idance and practical |
| Place: | | | | | _ | | | | | |
| Date: | te: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| | P. C. | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Cor | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T.` npetitive Exams, Career Fair arsity.ac.'. Activate your 'e-Si | rsity.ac/ ince and Comm immer Sessio Y. B.ComSer setc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | vidha' accou | nt on | |
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| | PR | N [.] | Fligi | bility Status: | Examination for | | Division/Section: | Bo | ll No.: | , ba |
| 20 | | 00842652 | , i | Eligible | 029363 | | С | | 277 | Markwad |
| Instruc | ction Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Studer | Student's Name: GAIKWAD MANISHA MALLIKARJUN Mother's Name: ANNAPURNA Gender: Female | | | | | | | | | |
| Name in Vernacular Language:गायकवाङ मनीषा मल्लिकार्जुन | | | | | | | | | | |
| Addres | ss: ROOI | NO 3 MOI | HAMAD SH | AIKH CHAWL GAN | IESH NAGAR KAJU T | EKADI BHAN | IDUP W | | | |
| City: N | IUMBAI, | Taluka: Kurl | a, District: Mu | umbai Suburban, St | ate: Maharashtra, PIN | : 400078 | | | | |
| Teleph | none no.: | | | Mobi | le no: 918450933292 | | Ema | il : gaikwa | admanisha1 | 4398@gmail.com |
| DOB: | Mar 14, 1 | 998 | Ca | tegory: Reserved (V | ′J/DT(A)) | Physically | Handicap: No | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235730 (Status: Pass) | | | | | | | | | |
| | | earance typ | | | | | | | | |
| - · · | Details: | | ase select Pa | per details which yo | u want to appear (UA | - University A | Assessment,CA - Co | Ilege Ass | sessment) | |
| SN | | r Code | - : · · · • | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ng IX - Financial Acco | | | | [h-UA [] | |
| 2 | | 007 013 | Business Ec | - | ng X - Cost Accountine | J | | | Гh-UA [] Гh-UA [] | |
| 4 | | 013 | Commerce V | | | | | | [h-UA [] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | [h-CA[] | |
| 6 | | 016 | | eting Paper II | | | | | [h-CA[] | |
| | cation Fe | | portman | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | n Fees |
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| | ent Detai | s: / | Amount Rece | | Co | <u> </u> | No. and Date: | | | |
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| | | nce (Code/N ller of Exami | , | | | | | | | |
| l reque declar | est permi e that all | ssion to pres statement m | sent myself fo ade in this ap | oplication are true, o | ination. I have remitter complete and correct to | o the best of n | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | ecieu. | | | | | | | s | tudent's Signature |
| Declar | ation by | Principal/HC | D/Chairperso | on | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p /she is regular studen | | | | | e. I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | te: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | To explo | e your personaliz | : on | | | | | | |
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| | PRN | 1: | | ibility Status: | Examination form 029364 | n No.: | Division/Section: | | No.: | Bhavan. |
| 201 | 701640 | 0842667 | | Eligible | | | С | 24 | 41 | and - |
| Instructio | on Medi | um: | | | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | - | | | |
| Student's | s Name: | CHAVA | AN AKSHAY | PRAKASH | | | Mother's Name: P | OORNIMA | . (| Gender: Male |
| Name in Vernacular Language:अक्षय प्रकाश चव्हाण | | | | | | | | | | |
| Address: Behind Bldg. No.10, Turde Wadi, Wadia Estate, Bail Bazar, Kurla(W), Mumbai-400070 | | | | | | | | | | |
| City: Mur | mbai, Ta | aluka: Kurla | , District: Mu | mbai Suburban, St | ate: Maharashtra, PIN: | 400070 | | | | |
| Telephor | Pelephone no.: 69924897 Mobile no: 917039675068 Email : Akc6may@gmail.com | | | | | | | | | |
| DOB: Ma | ay 06, 20 | 000 | Ca | tegory: Reserved (| OBC) | Physically | Handicap: No | | | |
| | | | | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | S | Seat No: 023 | 35668 (Status: Pass) |
| | | arance type | | | | | | | | |
| Paper De | | | ase select Pa | per details which y | ou want to appear (UA | - University A | ssessment,CA - Co | llege Asse | essment) | |
| SN | Paper | | <u></u> | | Paper Name | | | | | AM - AT |
| 1 | 830 | | | | ng IX - Financial Accou | - | | | n-UA [] | |
| 2 | 830 | - | | 0 | ng X - Cost Accounting | | | | n-UA [] | |
| 3 4 | 830 830 | - | Business Ec | | | | | | n-UA [] n-UA [] | |
| 5 | 830 | | | direct Taxation Pa | or II | | | | 1-OA[] 1-CA[] | |
| 6 | 830 | - | | eting Paper II | | | | | n-CA[] | |
| Convoca | | - | | Exam Form Late | -ee | Exam Form | Super Late Fee | L | Examination | Fees |
| Mark Sta | | - | | Total: | | | | | | |
| | | | | | | | | | | |
| Payment | t Details | : 4 | Amount Rece | ived: | Col | lege Receipt | No. and Date: | | | |
| DD No: | | | | MICR No: | | DD Date: | | B | ank: | |
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| | | ce (Code/Na | , | | | | | | | |
| • | | er of Exami | • | | | | | | Place: | Vidyavihar |
| declare t | that all s | tatement m | ade in this a | oplication are true, | ination. I have remitted complete and correct to bed for the examination | the best of m | y knowledge and be | elief. I | Date: | |
| request f other gro | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| cancelle | d or reje | cted. | | | | | | | St | udent's Signature |
| Declarati | tion by P | rincipal/HO | D/Chairpers | on | | | | | • | |
| responsi | ibility of | fulfillment/r | ectification of | | r me. The information p e/she is regular student | | | | | |
| Place: | | | | | | | | | | |
| Date: | tte: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | Too | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Suvidha' account on http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! | | | | | | | | | |
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| | loex | piore your persona | http://mum.digitaluni | versity.ac/. Activate your 'e-Si | vidha' account an | d login today! | uvidna accou | int on | | | |
| | PRN: | Eli | gibility Status: | Examination forr 029365 | n No.: | Division/Section: | R | oll No.: | Asher | | |
| 201 | 7016400842675 | | Eligible | | | D | | 356 | PErs | | |
| Instructio | on Medium: | | | | | Nationality: | India | | | | |
| | | | | Student's Pers | onal Informati | on | | | | | |
| Student' | s Name: KHA | N AAMINA BA | ANO ISHTIYAQUE | | | Mother's Name: | KANEEZA | BANO | Gender: Female | | |
| Name in | Vernacular Lan | juage:खान अ | गमीन बानो इश्तियाक | 5 | | | | | | | |
| Address: room no 13 phathan tabela rakhmuddin chawl | | | | | | | | | | | |
| City: mu | City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078 | | | | | | | | | | |
| Telepho | ne no.: | | Mob | ile no: 919867641430 | | Em | ail : ak806 | 6627@gma | il.com | | |
| DOB: Mar 12, 1999 Category: Open Physically Handicap: No | | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235864 (Status: Pass) | | | | | | | | | | | |
| | rm appearance t | /1 | | | | | | | | | |
| Paper D | | lease select P | aper details which y | ou want to appear (UA | - University A | ssessment,CA - C | college As | sessment) | ANA AT | | |
| SN 1 | SN Paper Code Paper Name AM - AT 1 83001 Financial Accounting and Auditing IX - Financial Accounting Th-UA [] | | | | | | | | | | |
| 2 | 83007 | | | ing X - Cost Accounting | | | | Th-UA [] Th-UA [] | | | |
| 3 | 83013 | | conomics VI | | 9 | | | Th-UA[] | | | |
| 4 | 83014 | Commerce | | | | | | Th-UA[] | | | |
| 5 | 83015 | Direct and | Indirect Taxation Pa | per II | | | | Th-CA[] | | | |
| 6 | 83016 | Export Mar | keting Paper II | | | | | Th-CA[] | | | |
| Convoca | ation Fee | | Exam Form Late | Fee | Exam Form | Super Late Fee | | Examinatio | n Fees | | |
| Mark Sta | atement Fee | | Total: | | | | | | | | |
| Davmon | t Details: | Amount Rec | | | llege Receipt | No. and Date: | | | | | |
| DD No: | | | MICR No: | 00 | DD Date: | No. and Date. | | Bank: | | | |
| - | Preference (Code | /Name): | | | 22 2010. | | | 20110 | | | |
| | Preference (Code | / | | | | | | | | | |
| I request declare t have got request | 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 | | | | | | | | | | |
| | d or rejected. | | | | inconcot, my | | | S | Student's Signature | | |
| | tion by Principal/ | - | | | | | | | | | |
| respons | | t/rectification | of the information. H | / me. The information p e/she is regular studen | | | | | ge. I also undertake the dance and practical | | |
| Place: | | | | | | | | | | | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | | |

| e e | P. | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Cor | versity of Mumb http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.\ npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | sity.ac/ ce and Comm mmer Sessio /. B.ComSer etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | ridha' accou | int on | | |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------|-----------------|-------------------|--|
| | PR | N | Eligi | bility Status: | Examination forr | | Division/Section: | R | oll No.: | | |
| 20 | | 00842702 | Ŭ Ŭ | Eligible | 029366 | | D | | 341 | All of | |
| Instruc | tion Med | lium: | | - | | | Nationality: | India | | | |
| | | | | | Student's Pers | onal Informati | on | | | | |
| Studer | Student's Name: JOISHER ISHA PRAKASH Mother's Name: REKHA Gender: Female | | | | | | | | | | |
| name in Vernacular Language:जुईशेर इशा प्रकाश | | | | | | | | | | | |
| Addres | ss: 101,1 | st Floor, Vall | abh Appartme | ent, Joshi Lane,Gha | tkopar East,Mumbai-4 | 00077 | | | | | |
| | | | | | te: Maharashtra, PIN: | | | | | | |
| , | none no.: | | | | le no: 919869917999 | | Emai | il : ishapj | oisher@gma | il.com | |
| DOB: \$ | DOB: Sep 29, 1999 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previo | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235834 (Status: Pass) | | | | | | | | | | |
| Exam | xam form appearance type: Fresher | | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Ass | sessment) | | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT | |
| 1 | 83 | 6001 | Financial Ac | counting and Auditin | ng IX - Financial Accou | unting | | - | Th-UA [] | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accounting | l | | - | Th-UA [] | | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | | Th-UA [] | | |
| 4 | 83 | 014 | Commerce \ | /I | | | | | Th-UA [] | | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | Th-CA[] | | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | - | Th-CA [] | | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees | |
| Mark S | Statemen | t Fee | | Total: | | | | | | | |
| Pavme | ent Detai | s: / | Amount Rece | ived: | Col | leae Receipt | No. and Date: | | | | |
| DD No | | | | MICR No: | | DD Date: | | | Bank: | | |
| Center | Prefere | nce (Code/N | ame): | | | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | | |
| l reque declare have g | est permi e that all jone thro | statement m ugh the sylla | ent myself fo ade in this ap bus and the l | oplication are true, of ist of books prescril | ination. I have remitted complete and correct to bed for the examination | o the best of n n for which I a | ny knowledge and be im appearing. I shall | elief. I not | Place: Date: | Vidyavihar | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
| | | | | | | | | | St | udent's Signature | |
| This for respor | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information p s/she is regular studen | | | | | | |
| Place: | | | | | _ | | | | | | |
| Date: | tte: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | |

| | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi zed Job Opportunities, Cor | versity of Mumb http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.1 npetitive Exams, Career Fairs | r <u>sity.ac/</u> ce and Comm mmer Sessio ⁄. B.ComSer atc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | idha' account | on | |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------|------------|-------------------|
| | PR | N: | Elia | ibility Status: | ersity.ac/. Activate your 'e-Su Examination forr | | Division/Section: | Roll | No.: | |
| 2 | 01701640 | 00842725 | | Eligible | 029367 | | F | 63 | 39 | Etalha |
| Instru | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Stude | nt's Name | e: JADHA | V RITIKA | | | | Mother's Name: SI | HAKUNTA | LA (| Gender: Female |
| Name | Name in Vernacular Language:जाधव रितिका | | | | | | | | | |
| Addre | Address: D/O PRAKASHA JADHAV ROOM NO 12 BHAGWAN SETH CHAWL BUDDHA COLONY C.S.T ROAD KURLA (WEST) | | | | | | | | | |
| City: N | MUMBAI, | Taluka: Kurl | a, District: M | umbai Suburban, St | ate: Maharashtra, PIN | : 400070 | | | - | |
| Telepl | hone no.: | | | Mobi | le no: 918452013080 | | Emai | l : ritikajad | hav2618@g | gmail.com |
| DOB: | OOB: Jun 17, 2000 Category: Reserved (SC) Physically Handicap: No | | | | | | | | | |
| Previc | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235799 (Status: ATKT) | | | | | | | | | |
| Exam | form app | earance type | e: Fresher | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | Assessment,CA - Co | llege Asse | ssment) | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | | - | ng IX - Financial Accou | - | | Th | I-UA [] | |
| 2 | | 007 | | - | ng X - Cost Accounting | J | | | i-UA [] | |
| 3 | | 013 | Business Ec | | | | | | i-UA [] | |
| 4 | | 014 | Commerce \ | | | | | | i-UA [] | |
| 5 | | 015 | | direct Taxation Pap | | | | | I-CA[] | |
| 6 | | 023 | Investment A | | o Management Paper | 1 | | ' | I-CA [] | - |
| | ocation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | xamination | Fees |
| Mark 3 | Statemen | tree | | Total: | | | | | | |
| Paym | ent Detail | s: A | Amount Rece | ived: | Col | lege Receipt | No. and Date: | | | |
| DD No | D: | I | | MICR No: | | DD Date: | | Ba | ank: | |
| Cente | r Preferei | nce (Code/N | ame): | • | | • | | • | | |
| Venue | e Preferer | nce (Code/N | ame): | | | | | | | |
| To, Th | ne Contro | ller of Exami | ination, | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this a | pplication are true, o | ination. I have remitted complete and correct to bed for the examination | o the best of n | ny knowledge and be | elief. I | Date: | |
| reque other | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | ecieu. | | | | | | | St | udent's Signature |
| Decla | ration by | Principal/HC | D/Chairpers | on | | | | | | |
| respo | nsibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular studen | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | te: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | То ехріо | re your personaliz | S. K. Somaiya Application Form B.Com.(with Cred | iversity of Mumb http://mum.digitalunive a College of Arts, Scier n for Examination of Su dits)-Regular-Rev16-T. ompetitive Exams, Career Fair versity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Sessio Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ə-Suvidha' acco | unt on | | |
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| | PR | | | ibility Status: | Examination for | | Division/Section | | oll No.: | | |
| 20 | | 00842772 | | Eligible | 029368 | | D | | 333 | Rear game | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | | |
| | | | | | Student's Pers | sonal Informati | on | | | | |
| Studer | nt's Name | e: JAIN R | REEVA SANJA | AY | | | Mother's Name | : PRAVINA | L . | Gender: Female | |
| Name | in Verna | cular Langua | age:REEVA | | | | | | | | |
| Addres | Address: 4 adinath jain society 12 bangla behind state bank camp road | | | | | | | | | | |
| City: N | City: MALEGAON, Taluka: Malegaon, District: Nashik, State: Maharashtra, PIN: 423203 | | | | | | | | | | |
| Teleph | Telephone no.: 252410 Mobile no: 917066063364 Email : reevajain999@gmail.com | | | | | | | | | | |
| DOB: I | ODB: Nov 08, 1999 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previo | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235818 (Status: Pass) | | | | | | | | | | |
| | | earance typ | e: Fresher | | | | | | | | |
| | Details: | Plea | ase select Pa | per details which y | ou want to appear (UA | A - University A | ssessment,CA - | College As | sessment) | | |
| SN | | er Code | ļ | | Paper Name | | | | | AM - AT | |
| 1 | | 3001 | | | ing IX - Financial Acco | | | | Th-UA [] | | |
| 2 | | 3007 | | | ing X - Cost Accountin | g | | | Th-UA [] | | |
| 3 | | 3013 | Business Ec | | | | | | Th-UA [] | | |
| 4 | | 3014 | Commerce V | | | | | | Th-UA[] | | |
| 5 | | 3015 | | direct Taxation Pa | per II | | | | Th-CA[] | | |
| 6 | | 3016 | Export Marke | eting Paper II | | 1 | | | Th-CA[] | _ | |
| | cation Fe | | | Exam Form Late | Fee | Exam Form | Super Late Fee | | Examinatio | n Fees | |
| Mark S | Statemen | t Fee | | Total: | | | | | | | |
| Pavme | ent Detai | ls: | Amount Rece | ived: | Cc | ollege Receipt | No. and Date: | | | | |
| DD No |): | I | | MICR No: | | DD Date: | | | Bank: | | |
| Center | r Prefere | nce (Code/N | lame): | | | | | | 1 | | |
| Venue | Preferei | nce (Code/N | ame): | | | | | | | | |
| l reque declare have g reques other g | The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby eclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
| Deeler | ation by | Dringing//JC | D/Chairpara | | | | | | | Student's Signature | |
| This for respor | orm is car nsibility o | refully scrutin of fulfillment/r | ectification of | College staff and by | y me. The information p le/she is regular studer | | | | | e. I also undertake the dance and practical | |
| Place: | | | | | _ | | | | | | |
| Date: | te: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | | |

| | | To explor | e your personaliz | ed Job Opportunities, Cou http://mum.digitaluniv | npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | etc., click on 'EAS vidha' account an | SY' link in your 'e-Suv d login today! | vidha' account c | n | |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|-----------------------------------------------------|------------------------------------------------------------------|------------------------------------------|-------------------------------------------|------------------|-------------|-------------------|
| 201 | PRN: 70164008 | | Ŭ, | bility Status: Eligible | Examination form 029369 | | Division/Section: C | Roll I | - | Blow |
| Instructio | | | | Liigible | | | Nationality: | India | .0 | |
| Instructio | | | | | Student's Perso | nal Informati | , | Inula | | |
| Student's | s Name [.] | BHANI | | SH DAYARAM | Student's Perso | | Mother's Name: Pl | | 0 | Gender: Male |
| | | | | | | | | | | |
| | Name in Vernacular Language:ભાનુશાલી મિતેષ દયારામ | | | | | | | | | |
| | Address: B/101, DAMA RESIDENCY , HARIDHAM GHANDHIWADI, UMERGAON(W) City: UMERGAON, Taluka: Umergaon, District: Valsad, State: Gujarat, PIN: 396171 | | | | | | | | | |
| | | N, Таїйка: | Umergaon, L | | - | I | | | | Querrail ann |
| Telephor | | 00 | | | le no: 919825956064 | Dhusiaallu | | II : mitesnbr | 1anu.2025(| @gmail.com |
| | DOB: Nov 02, 1999 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235635 (Status: ATKT) | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235635 (Status: ATKT) Exam form appearance type: Fresher | | | | | | | | | |
| Paper De | | | | ner details which vo | ou want to appear (UA | - I Iniversity A | ssessment CA - Co | llene Asses | sment) | |
| SN | Paper C | | | | Paper Name | | | | joinionit) | AM - AT |
| 1 | 8300 | | Financial Aco | counting and Auditi | ng IX - Financial Accou | nting | | Th- | -UA[] | |
| 2 | 8300 | 07 | | - | ng X - Cost Accounting | 5 | | | -UA[] | |
| 3 | 8301 | | Business Eco | - | <u> </u> | | | Th- | -UA[] | |
| 4 | 8301 | 14 | Commerce V | / | | | | Th- | -UA [] | |
| 5 | 8301 | 15 | Direct and In | direct Taxation Pap | er II | | | Th- | -CA[] | |
| 6 | 8301 | 16 | Export Marke | eting Paper II | | | | Th- | -CA[] | |
| Convoca | ition Fee | | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | xamination | Fees |
| Mark Sta | itement F | ee | | Total: | | | | | | |
| Payment | Details: | A | Amount Recei | ived [.] | Coll | ege Receipt | No. and Date: | | | |
| DD No: | | !· | | MICR No: | I | DD Date: | | Ba | ink: | |
| Center P | reference | e (Code/N | ame): | | | | | | | |
| | | e (Code/Na | , | | | | | | | |
| | | r of Exami | | | | | | | Place: | Vidyavihar |
| declare t | hat all sta | atement m | ade in this ap | oplication are true, o | ination. I have remitted complete and correct to | the best of m | ny knowledge and be | elief. I | Date: | |
| request for other gro | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancelled | a or rejec | cted. | | | | | | | St | udent's Signature |
| Declarati | ion by Pri | incipal/HO | D/Chairperso | on | | | | | | |
| responsi | bility of fu | ulfillment/r | ectification of | | me. The information pr e/she is regular student | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | te: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| | H. | Το explo | nt on | R | | | | | | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------|-----------------------|----------------------------------------------------------------------------|------------------|---------------------------|----------|-----------------|-----------------------------------------------|
| | PR | N: | Eligi | bility Status: | ersity.ac/. Activate your 'e-s Examination for 029370 | m No.: | Division/Section: | | II No.: | test |
| 20 | 0170164 | 00842861 | | Eligible | | | D | | 357 | milian |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | | sonal Informati | - | | | |
| Studer | nt's Name | e: KHAN | ARSHEEN M | OHAMMED FARO | DQUE | | Mother's Name: SI | HAGUFT | A O | Gender: Female |
| Name | Name in Vernacular Language:अरशीं | | | | | | | | | |
| Addres | Address: PLOT NO. 10/N/3 SHIVAJI NAGAR GOVANDI MUMBAI 400043 | | | | | | | | | |
| City: N | IUMBAI, | Taluka: Mur | nbai, District: | | : Maharashtra, PIN: 4 | | | | | |
| <u> </u> | none no.: | | | | le no: 917498741522 | | | I : KHAN | ARSHEEN18 | 830@GMAIL.COM |
| | OB: May 24, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235866 (Status: Pass) Exam form appearance type: Fresher | | | | | | | | | |
| | Details: | | | por dotails which ve | u want to appear (U | A University A | | | occmont) | |
| SN | | r Code | | per details which ye | Paper Name | , | (336351116111,CA - CO | | | AM - AT |
| 1 | | 001 | Financial Ac | counting and Auditir | ng IX - Financial Acco | | | | [h-UA[] | , , |
| 2 | | 007 | | • | ng X - Cost Accountin | | | | [h-UA [] | |
| 3 | 83 | 013 | Business Ec | - | | • | | 1 | [h-UA [] | |
| 4 | 83 | 014 | Commerce V | / | | | | ٦ | [h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | ٦ | [h-CA [] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | ٦ | [h-CA[] | |
| Convo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
| Payme | ent Detai | s. | Amount Rece | ived [.] | C | llege Receipt | No. and Date [.] | | | |
| DD No | | | | MICR No: | | DD Date: | | I | Bank: | |
| Center | r Prefere | nce (Code/N | ame): | | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| l reque declar | est permi e that all | statement m | ent myself fo ade in this ap | plication are true, o | ination. I have remitte complete and correct bed for the examination | to the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| D . 1 | | Data ata 1412 | | | | | | | St | udent's Signature |
| This for respor | orm is can nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information /she is regular stude | | | | | e. I also undertake the ance and practical |
| Place: | | | | | - | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | H | To explo | re your personali | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T. ¹ appetitive Exams, Career Fairs arsity.ac/. Activate your 'e-Si | rsity.ac/ nce and Comm Immer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accour | nt on | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------|---------------|------------------------|-----------------------------------------------------------------|
| | PR | | | jibility Status: | Examination for | | Division/Section: | Ro | ll No.: | |
| 20 | | 00842876 | | Eligible | 029371 | | A | _ | 72 | G& |
| Instruc | ction Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Studer | nt's Name | e: PANSA | RE SHRAD | DHA DNYANDEO | | | Mother's Name: Pl | JSHPALA | ATA (| Gender: Female |
| Name | in Verna | cular Langua | age:पानसरे श्र | ाद्धा ज्ञानदेव | | | | | | |
| Addres | ss: S. su | ve housing s | society room | no.2 behind amit ph | oto studio Bhatwadi n | narket Ghatko | par west mumbai | | | |
| City: N | ity: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084 | | | | | | | | | |
| Teleph | Bellephone no.: Mobile no: 919920661336 Email : shraddhapansare92@gmail.com | | | | | | | | | |
| DOB: | OOB: Oct 27, 1999 Category: Reserved (OBC) Physically Handicap: No | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235966 (Status: Pass) | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| | Details: | | ase select Pa | aper details which yo | u want to appear (UA | - | ssessment,CA - Co | llege Ass | essment) | |
| SN | • | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | • | ng IX - Financial Acco | • | | | 'h-UA [] | |
| 2 | | 007 | | - | ng X - Cost Accounting | J | | | "h-UA [] | |
| 3 | | 013 014 | Business Ec | | | | | | `h-UA [] `h-UA [] | |
| 5 | | 015 | | ndirect Taxation Pap | er II | | | | 'h-CA[] | |
| 6 | | 020 | | ystems and Application | | | | | 'h-UA [] ;Th- | CA [] |
| | cation Fe | | eeniputer e | Exam Form Late F | | Exam Form | Super Late Fee | 'T | Examination | |
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| | ent Detai | s: / | Amount Rece | | Co | llege Receipt | No. and Date: | | | |
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| | | nce (Code/N | | | | | | | | |
| l reque declar | 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 | | | | | | | | Vidyavihar | |
| reques | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| | | | | | | | | | St | udent's Signature |
| | - | - | D/Chairpers | | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification o | | me. The information p /she is regular studen | | | | | I also undertake the ance and practical |
| Place: | | | | | - | | | | | |
| Date: | te: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| and | R. C. | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Suvidha' account on http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! RN: Eligibility Status: | | | | | | | | | |
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| | PR | | Elig | ibility Status: | Examination for 029372 | n No.: | Division/Section: | _ | ll No.: 335 | - The | |
| | | 00842926 | | Eligible | | | D | | 555 | 1 anim | |
| Instru | ction Med | lium: | | | | | Nationality: | India | | | |
| Stude | nt's Name | | ANVI SHAILI | -01 | Student's Pers | onal Informati | on Mother's Name: A | | | Gender: Female | |
| | | | | | | | Informer's Name. Al | INJAINA | | | |
| | | | age:जैन तन्वी | | | | | | | | |
| | Address: 17/SANTOSHI BHUVAN BHATWADI,KISAN NAGAR-3 GANESH CHOWK | | | | | | | | | | |
| - | City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604 | | | | | | | | | | |
| | elephone no.: Mobile no: 919821316159 Email : tanvijain9991@gmail.com | | | | | | | | | | |
| | DOB: May 01, 1999 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235821 (Status: Pass) Exam form appearance type: Fresher | | | | | | | | | 35821 (Status: Pass) | | |
| | Details: | | | ner details which vo | ou want to appear (UA | - I Iniversity A | ssessment CA - Co | | essment) | | |
| SN | | r Code | | per detaile which ye | Paper Name | Conversity / | | | | AM - AT | |
| 1 | | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | unting | | Т | ĥ-UA [] | | |
| 2 | 83 | 007 | | | ng X - Cost Accounting | | | Т | 'h-UA [] | | |
| 3 | 83 | 013 | Business Ec | - | - | | | Т | 'h-UA [] | | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Т | 'h-UA [] | | |
| 5 | 83 | 015 | Direct and Ir | ndirect Taxation Pap | er II | | | Т | ⁻ h-CA[] | | |
| 6 | 83 | 016 | Export Mark | eting Paper II | | | | Т | ⁻ h-CA[] | | |
| Convo | cation Fe | ee | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees | |
| Mark \$ | Statemen | t Fee | | Total: | | | | | | | |
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| DD No | | is. / | | MICR No: | | DD Date: | NO. and Date. | F | Bank: | | |
| | | nce (Code/N | ame). | | | DD Date. | | | Junik. | | |
| | | nce (Code/N | , | | | | | | | | |
| | | ller of Exami | , | | | | | | Place: | Vidyavihar | |
| declar | e that all | statement m | ade in this a | pplication are true, o | ination. I have remitted | o the best of m | ny knowledge and be | elief. I | Date: | | |
| reques | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
| cance | lied or rej | ected. | | | | | | | St | udent's Signature | |
| Decla | ration by | Principal/HC | D/Chairpers | on | | | | | | | |
| respo | nsibility o | f fulfillment/r | ectification of | | me. The information p /she is regular studen | | | | | e. I also undertake the ance and practical | |
| Place: | | | | | _ | | | | | | |
| Date: | te: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | | |

| | То | explore | your personalize | ed Job Opportunities, Co | ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | etc., click on 'EAS | SY' link in your 'e-Su | ridha' accour | nt on | |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------|----------------------------|-------------------------------------------------------------------------------------------|---------------------|------------------------|---------------|-----------------------|--------------------|
| 2017 | PRN: 0164008429 | 42 | , i i i i i i i i i i i i i i i i i i i | bility Status: Eligible | Examination forn 029373 | | Division/Section: E | | ll No.: 519 | Sparry |
| - | n Medium: | | | g.o.o | | | Nationality: | India | | - |
| | | | | | Student's Perso | onal Informati | on | | | |
| Student's | Name: SH | HETTY | SHREYA B | BHOJA | | | Mother's Name: S | UNITA | | Gender: Female |
| Name in \ | /ernacular La | anguag | e:ಶೈಯ ಶೆಟ್ಟಿ | | | | | | | |
| | | | 5 0 | | ai | | | | | |
| | Adress: B-503 Shreeji Heights,Sector-8A Airoli,Navi-Mumbai City: Navi mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400708 | | | | | | | | | |
| | elephone no.: Mobile no: 918898656544 Email : shresoum@gmail.com | | | | | | | | | |
| | DOB: Oct 06, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236149 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| Paper De | tails: | Pleas | e select Pap | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Ass | essment) | |
| SN | Paper Code | | | | Paper Name | | | | | AM - AT |
| 1 | 83001 | F | inancial Acc | counting and Auditi | ng IX - Financial Accou | Inting | | Т | ⁻ h-UA [] | |
| 2 | 83007 | F | inancial Acc | counting and Auditi | ng X - Cost Accounting | | | Т | ⁻ h-UA[] | |
| 3 | 83013 | В | usiness Eco | onomics VI | | | | Т | ⁻ h-UA [] | |
| 4 | 83014 | С | commerce V | 1 | | | | Т | ⁻ h-UA [] | |
| 5 | 83015 | D | irect and Ind | direct Taxation Pap | er II | | | Т | ⁻ h-CA[] | |
| 6 | 83016 | E | xport Marke | eting Paper II | | 1 | | | ⁻ h-CA[] | |
| Convocat | | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | n Fees |
| Mark Stat | ement Fee | | | Total: | | | | | | |
| Payment | Details: | An | nount Recei | ved: | Col | lege Receipt | No. and Date: | | | |
| DD No: | | | | MICR No: | I | DD Date: | | E | Bank: | |
| Center Pr | eference (Co | de/Nar | me): | | | | | | | |
| Venue Pre | eference (Co | de/Nar | me): | | | | | | | |
| To, The C | ontroller of E | xamin | ation, | | | | | | Place: | Vidyavihar |
| declare th | at all stateme | ent ma | de in this ap | plication are true, o | ination. I have remitted complete and correct to bed for the examination | the best of m | ny knowledge and be | elief. I | Date: | |
| request for other grou | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| cancelled | or rejected. | | | | | | | | S | tudent's Signature |
| Declaratio | on by Principa | al/HOD | /Chairperso | n | | | | | | - |
| responsib | ility of fulfillm | nent/rec | ctification of | | me. The information p s/she is regular student | | | | | |
| Place: | | | | | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | To explo | e your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T. ¹ npetitive Exams, Career Fairs ersity.ac. Activate your 'e-Si | rsity.ac/ ce and Comm mmer Session /. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' accour | nt on | |
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| | PRN | 1: | Eligi | bility Status: | Examination for 029374 | n No.: | Division/Section: | Ro | ll No.: | dani |
| 201 | 1701640 | 0842965 | | Eligible | | | С | 3 | 320 | al. |
| Instructi | ion Medi | um: | | ! | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Student | 's Name | : PAL SC | ONI VIMLESH | IKUMAR | | | Mother's Name: R | EETA | (| Gender: Female |
| Name ir | n Vernac | ular Langua | age:पाल सोनी | विमलेश कुमार | | | | | | |
| Address | ddress: ROOM NO.1101, HIMALAYA SOCIETY, NEAR SANJAY GENERAL STORE, PARK SITE, VIKHROLI WEST, | | | | | | | | | |
| City: ML | ty: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079 | | | | | | | | | |
| Telepho | elephone no.: Mobile no: 917045306208 Email : BALJINDERKAURATWAL@GMAIL.COM | | | | | | | | | |
| DOB: A | OB: Aug 24, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235949 (Status: Pass) | | | | | | | | | |
| Exam fo | Exam form appearance type: Fresher | | | | | | | | | |
| Paper D | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Ass | essment) | |
| SN | Paper | | | | Paper Name | | | | | AM - AT |
| 1 | 830 | | | | ng IX - Financial Accor | | | | 'h-UA [] | |
| 2 | 830 | | | | ng X - Cost Accounting |] | | | 'h-UA [] | |
| 3 | 830 | - | Business Ec | | | | | | 'h-UA [] | |
| 4 | 830 | | Commerce V | | | | | | "h-UA [] | |
| 5 6 | 830 | | Export Marke | direct Taxation Pap | | | | | `h-CA [] `h-CA [] | |
| - | ation Fe | | | Exam Form Late F | 00 | Exam Form | Super Late Fee | | Examination | Fees |
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| Paymer | nt Details | s: / | Amount Rece | ived: | Co | lege Receipt | No. and Date: | | | |
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| Center I | Preferen | ce (Code/N | ame): | | | | | | | |
| | | ce (Code/Na | | | | | | | | |
| • | | er of Exami | | | | | | | Place: | Vidyavihar |
| declare | that all s | tatement m | ade in this ap | plication are true, o | ination. I have remitted complete and correct to | o the best of m | ny knowledge and be | elief. I | Date: | |
| request | have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| | ed or reje | | | she of any mornau | | inconcet, my | | | St | udent's Signature |
| Declara | tion by F | rincipal/HO | D/Chairperso | on | | | | | | |
| This for respons | m is care sibility of | efully scrutir fulfillment/r | nized by the C ectification of | College staff and by | me. The information p e/she is regular studen | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | <u>sity.ac/</u> ce and Comm mmer Sessio ⁄. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accou | int on | |
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| | PR | | | bility Status: | Examination forr | | Division/Section: | R | oll No.: | |
| 20 | 0170164 | 00842973 | Ŭ Ŭ | Eligible | 029375 | | D | | 412 | |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Perse | onal Informati | on | | | |
| Studer | nt's Name | e: PATAD | E SAUJANY | A BHASKAR JYOT | I | | Mother's Name: J | (OTI | | Gender: Female |
| Name | in Verna | cular Langua | age:पाताडे सौर | जन्या भास्कर ज्योती | | | | | | |
| Addres | ss: Room | No 13 Chav | wal No 5 Rag | huveer Nivas Sai V | ihar Tembhi Pada Roa | d Bhandup w | est Mumbai | | | |
| City: N | ty: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078 | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 919004269498 Email : saujupatade13@gmail.com | | | | | | | | | |
| DOB: / | OB: Apr 13, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235983 (Status: Pass) | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| | Details: | | ase select Pa | per details which yo | ou want to appear (UA | - University A | Assessment,CA - Co | llege Ass | sessment) | |
| SN | | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ng IX - Financial Accou | | | | Th-UA[] | |
| 2 | | 007 | | - | ng X - Cost Accounting |] | | | Th-UA [] | |
| 3 | | 013 014 | Business Ec | | | | | | Th-UA [] Th-UA [] | |
| 5 | | 015 | | direct Taxation Pap | or II | | | | Th-CA[] | |
| 6 | | 016 | | eting Paper II | | | | | Th-CA[] | |
| | cation Fe | | Export mark | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatio | n Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
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| | ent Detai | s: / | Amount Rece | | Col | <u> </u> | No. and Date: | | | |
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| l reque declare have g | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| | | | | | | | | | S | tudent's Signature |
| | - | - | D/Chairperso | | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p s/she is regular student | | | | | e. I also undertake the lance and practical |
| Place: | | | | | _ | | | | | |
| Date: | te: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| | | To explo | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Suvidha' account on http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! Eligibility. Status: Examination form No.: | | | | | | | | | | |
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| | PR | | | bility Status: | Examination for | | Division/Section: | Ro | oll No.: | 0 | | | |
| 201 | 1701640 | 0843021 | Ĵ | Eligible | 029376 | | D | : | 394 | Goonam. | | | |
| Instructi | ion Med | ium: | | | | | Nationality: | India | | | | | |
| | | | | | Student's Pers | onal Informati | on | | | | | | |
| Student | 's Name | : NIRMA | L POONAM | SURAJ | | | Mother's Name: SI | EEMA | (| Gender: Female | | | |
| Name ir | n Verna | cular Langua | age:निर्मल पून | ाम सुरज | | | | | | | | | |
| Address | s: B/14 7 | 7/10 GANPA | TI FLOWER | MART C G ROAD | CHEMBUR MUMBAI | | | | | | | | |
| City: ML | ity: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400074 | | | | | | | | | | | | |
| Telepho | elephone no.: Mobile no: 919819083326 Email : vandanashastri.vs@gmail.com | | | | | | | | | | | | |
| DOB: M | OOB: May 15, 2000 Category: Open Physically Handicap: No | | | | | | | | | | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235941 (Status: Pass) | | | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | | | | |
| Paper D | | | ase select Pa | per details which yo | ou want to appear (UA | | ssessment,CA - Co | llege Ass | sessment) | | | | |
| SN | | r Code | | | Paper Name | | | | | AM - AT | | | |
| 1 | | 001 | | • | ng IX - Financial Acco | • | | | [h-UA [] | | | | |
| 2 | | 007 | | - | ng X - Cost Accountin | g | | | [h-UA [] | | | | |
| 3 4 | | 013 014 | Business Ec | | | | | | [h-UA [] [h-UA [] | | | | |
| 5 | | 015 | | direct Taxation Par | er II | | | | []-0A[] [h-CA[] | | | | |
| 6 | | 016 | | eting Paper II | | | | | Гh-CA[] | | | | |
| Convoc | | | port.inditi | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | n Fees | | | |
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| Paymer | nt Detail | s: / | Amount Rece | | Co | llege Receipt | No. and Date: | | | | | | |
| DD No: | <u> </u> | (0 1 /1) | | MICR No: | | DD Date: | | | Bank: | | | | |
| | | nce (Code/N | - | | | | | | | | | | |
| | | ice (Code/N | | | | | | | | | | | |
| l reques declare | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | Vidyavihar | | | | |
| other gr | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | | | | |
| | - | | | | | | | | St | udent's Signature | | | |
| This for respons | m is car sibility o | efully scrutin f fulfillment/r | ectification of | College staff and by | me. The information /she is regular studer | | | | | e. I also undertake the ance and practical | | | |
| Place: | | | | | _ | | | | | | | | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | | | | |

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| 2017 | PRN: 016400843067 | Ĭ | bility Status: Eligible | 029377 | - | Division/Section: C | _ | No.: 14 | Gette |
| - | n Medium: | | | | | Nationality: | India | | |
| mstruction | | | | Student's Pers | onal Informati | , | | | |
| Student's | Name: JAIN C | EETA PRAV | INBHAI | | | Mother's Name: IN | IDRA | | Gender: Female |
| | Vernacular Langu | | | | | | | | |
| | Address: FLAT NO.203,C -WING,PRITHVI RESIDENCY 2ND FLOOR,RAILWAY STATION ROAD NEAR OSWAL SCHOOL | | | | | | | | |
| | | | | | | | | | |
| | City: BHIWANDI, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421305 Pelephone no.: Mobile no: 919527370545 Email : vikramjain380@gmail.com | | | | | | | | |
| | ODB: Sep 15, 1999 Category: Open Physically Handicap: No | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235809 (Status: Pass) | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | |
| Paper De | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | |
| SN | Paper Code | | | Paper Name | | | _ | | AM - AT |
| 1 | 83001 | Financial Aco | counting and Auditi | ng IX - Financial Acco | unting | | Tł | n-UA [] | |
| 2 | 83007 | Financial Aco | counting and Auditi | ng X - Cost Accountine |] | | Tł | n-UA [] | |
| 3 | 83013 | Business Ec | onomics VI | | | | Th | n-UA [] | |
| 4 | 83014 | Commerce V | /1 | | | | Tł | n-UA [] | |
| 5 | 83015 | Direct and In | direct Taxation Par | ber II | | | Tł | n-CA [] | |
| 6 | 83016 | Export Marke | eting Paper II | | 1 | | Tł | n-CA[] | |
| Convocat | | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | Examination | Fees |
| Mark Stat | ement Fee | | Total: | | | | | | |
| Payment | Details: | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
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| Center Pr | eference (Code/N | lame): | | | I | | 1 | | |
| Venue Pre | eference (Code/N | ame): | | | | | | | |
| To, The C | Controller of Exam | ination, | | | | | | Place: | Vidyavihar |
| declare th | at all statement n | nade in this ap | oplication are true, o | ination. I have remitted complete and correct to bed for the examination | o the best of m | ny knowledge and be | elief. I | Date: | |
| request for other grou | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | |
| cancelled | or rejected. | | | | | | | St | udent's Signature |
| Declaratio | on by Principal/H | D/Chairperso | on | | | | | | |
| responsib | | rectification of | the information. He | me. The information p e/she is regular studen | | | | | |
| Place: | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | |

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| 0 | PR | | Elig | ibility Status: | Examination forr 029378 | n No.: | Division/Section: | _ | No.: 33 | Shanthi | | | |
| | tion Med | 00843102 | | Eligible | | | F Nationality: | India | 55 | 79 | | | |
| msuud | | ium. | | | Student's Pers | onal Informati | , | Inula | | | | | |
| Stude | nt's Name | SHAST | | ANIDHI RAVINDRA | | | Mother's Name: S | | /1 | Gender: Female | | | |
| | | | | नानीधी रवींद्रनाथ | | | | | •• | | | | |
| | | | - | | | | | | | | | | |
| | Adress: AMAR NAGAR W T PATIL MARG OPP DUKES COMPANY CHEMBUR CHEMBUR MUMBAI | | | | | | | | | | | | |
| | elephone no.: Mobile no: 918424903265 Email : vandanashtri.vs@gmail.com | | | | | | | | | | | | |
| | DOB: Aug 05, 2000 Category: Reserved (SC) Physically Handicap: No | | | | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236137 (Status: Pass) | | | | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Asse | ssment) | | | | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT | | | |
| 1 | 83 | 001 | Financial Ac | counting and Auditin | ng IX - Financial Accou | unting | | Th | n-UA [] | | | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accounting | J | | Th | n-UA [] | | | | |
| 3 | 83 | 013 | Business Ec | conomics VI | | | | Th | n-UA [] | | | | |
| 4 | 83 | 014 | Commerce \ | VI | | | | Th | n-UA [] | | | | |
| 5 | 83 | 015 | Direct and Ir | ndirect Taxation Pap | er II | | | Th | n-CA[] | | | | |
| 6 | | 023 | Investment A | | o Management Paper | | | | n-CA [] | | | | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | xaminatio | n Fees | | | |
| Mark S | Statemen | t Fee | | Total: | | | | | | | | | |
| Payme | ent Detail | s: / | Amount Rece | eived: | Col | lege Receipt | No. and Date: | | | | | | |
| DD No |): | | | MICR No: | | DD Date: | | Ba | ank: | | | | |
| Cente | r Preferei | nce (Code/N | ame): | | | I | | I | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | | | | |
| To, Th | e Contro | ller of Exami | ination, | | | | | | Place: | Vidyavihar | | | |
| declar | e that all | statement m | ade in this a | pplication are true, c | ination. I have remitted complete and correct to bed for the examination | o the best of n | ny knowledge and be | elief. I | Date: | | | | |
| reques | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | | | |
| cance | lied of rej | ected. | | | | | | | s | tudent's Signature | | | |
| Declar | ation by | Principal/HC | D/Chairpers | on | | | | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p /she is regular studen | | | | | e. I also undertake the lance and practical | | | |
| Place: | | | | | _ | | | | | | | | |
| Date: | te: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | | | | |

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| | PR | N: | Eligi | bility Status: | Examination for 029379 | rm No.: | Division/Section: | Ro | ll No.: | King |
| 2 | 0170164 | 00843164 | | Eligible | | | С | | 209 | Guing |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Per | sonal Informati | on | | | |
| Stude | nt's Name | e: AWAJI | PRIYA SURI | ESH | | | Mother's Name: V | AISHALI | | Gender: Female |
| Name | in Verna | cular Langua | age:आवजी प्रि | या सुरेश | | | | | | |
| Addre | dress: ROOM NO 21 KAJI SHETH CHAWL KAJUPADA PIPELINE KURLA WEST | | | | | | | | | |
| City: N | ty: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072 | | | | | | | | | |
| Telepł | elephone no.: Mobile no: 918976116011 Email : awajipriya@gmail.com | | | | | | | | | |
| DOB: | OB: Apr 18, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235611 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| <u> </u> | Details: | | ase select Pa | per details which yo | want to appear (U | , | ssessment,CA - Co | llege Ass | sessment) | |
| SN | | r Code 001 | | | Paper Name | | | | | AM - AT |
| 1 | | 007 | | | ng IX - Financial Acco ng X - Cost Accountin | - | | | [h-UA [] [h-UA [] | |
| 2 | | 013 | Business Ec | - | | iy | | | []-UA [] | |
| 4 | | 014 | Commerce V | | | | | | [h-UA [] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | Гh-CA[] | |
| 6 | | 016 | | eting Paper II | | | | | Гh-CA[] | |
| Convo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | i Fees |
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| - | ent Detai | s: / | Amount Rece | | Co | ollege Receipt | No. and Date: | | | |
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| l reque declar | est permi e that all | ssion to pres statement m | sent myself fo ade in this ap | plication are true, o | ination. I have remitte complete and correct bed for the examination | to the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| | | | | | | | | | St | udent's Signature |
| This for respon | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information //she is regular studer | | | | | e. I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

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| | | To explo | re your personaliz | ed Job Opportunities, Co | , 0 | s etc., click on 'EAs | SY' link in your 'e-Su | vidha' accou | int on | | |
| 2 | PR | N: 00843187 | Eligi | bility Status: | Examination for 029380 | | Division/Section: | | oll No.: 343 | Astaclam | |
| | ction Med | | | Eligible | | | Nationality: | India | 010 | | |
| moduat | | | | | Student's Pers | sonal Informati | , | | | | |
| Stude | nt's Name | e: KADAN | I KETAKI SU | NIL | | | Mother's Name: S | UNITA | | Gender: Female | |
| Name | in Verna | | age:केतकी स्न | | | | | _ | | | |
| | Address: 7,Jagruti Niwas Sai Hill Tembipada Road | | | | | | | | | | |
| | City: Bhandup, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078 | | | | | | | | | | |
| | elephone no.: Mobile no: 917045568932 Email : ketakikadam2000@gmail.com | | | | | | | | | | |
| <u> </u> | DOB: May 08, 2000 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235836 (Status: Pass) | | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (U/ | A - University A | ssessment,CA - Co | llege As | sessment) | | |
| SN | Pape | r Code | | | Paper Name |) | | | | AM - AT | |
| 1 | 83 | 001 | | | ng IX - Financial Acco | | | | Th-UA [] | | |
| 2 | | 007 | | | ng X - Cost Accountin | g | | | Th-UA [] | | |
| 3 | | 013 | Business Ec | | | | | | Th-UA [] | | |
| 4 | | 014 | Commerce V | | | | | | Th-UA[] | | |
| 5 | | 015 | | direct Taxation Par | ber II | | | | Th-CA[] | | |
| 6 | | 016 | Export Marke | eting Paper II | | | | | Th-CA[] | | |
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| Paymo | ent Detai | s: / | Amount Rece | ived: | Сс | ollege Receipt | No. and Date: | | | | |
| DD No | D: | | | MICR No: | | DD Date: | | | Bank: | | |
| Cente | r Prefere | nce (Code/N | ame): | | | | | | | | |
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| | | ller of Exami | | | | | | | Place | Vidyavihar | |
| declar | e that all | statement m | ade in this ap | plication are true, o | ination. I have remitte complete and correct t bed for the examination | to the best of n | ny knowledge and b | elief. I | Date: | | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
| cance | | ecleu. | | | | | | | s | Student's Signature | |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information e/she is regular studer | | | | | e. I also undertake the dance and practical | |
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| | PR | N: | Eligi | bility Status: | Examination for 029381 | | Division/Section: | Ro | II No.: | M. Durie |
| 2 | 0170164 | 00843195 | | Eligible | | | С | | 328 | m. |
| Instru | ction Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Per | sonal Informati | on | | | |
| Stude | nt's Name | e: RAVIN | A MURUGAN | 1 | | | Mother's Name: Al | MUDHA | (| Gender: Female |
| Name | in Verna | cular Langua | age:रविना | | | | | | | |
| Addre | ss: ROOI | M NO 14 , N | EW BHARAT | CHAWL, SHIVAJ | I NAGAR , JERIMER | I,ANDHERI- | KURLA ROAD (W) | , MUMBA | AI 400072 | |
| City: N | y: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072 | | | | | | | | | |
| Telepl | elephone no.: Mobile no: 919768351123 Email : SUKUMARMURUGAN123@GMAIL.COM | | | | | | | | | |
| | OB: Jun 21, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235596 (Status: Pass) Exam form appearance type: Fresher | | | | | | | | | |
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| 1 | | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | | | | [h-UA [] | |
| 2 | | 007 | | | ng X - Cost Accountin | | | | [] [h-UA [] | |
| 3 | 83 | 013 | Business Ec | - | 0 | <u> </u> | | | [] [h-UA [] | |
| 4 | 83 | 014 | Commerce V | / | | | | 1 | [h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | ٦ | [h-CA[] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | 1 | [] [] [h-CA | |
| Convo | ocation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees |
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| Venue | e Preferer | nce (Code/N | ame): | | | | | | | |
| l reque declar | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | Vidyavihar | |
| other | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| Deele | ration by | Drinoinal/LIC | D/Chairperso | 20 | | | | | St | udent's Signature |
| This for respon | orm is ca nsibility o | efully scrutir f fulfillment/r | nized by the C ectification of | College staff and by | me. The information s/she is regular studer | | | | | . I also undertake the ance and practical |
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| Date: | Atte: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

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| 2 | PR 0170164 | N: 00843253 | Ŭ Ŭ | bility Status: Eligible | Examination for 029382 | | Division/Section: A | _ | ll No.: 94 | SAWANT 3.3. |
| | ction Med | | | Liigible | | | Nationality: | India | ••• | |
| msuud | | ium. | | | Student's Pers | onal Informati | , | Inula | | |
| Stude | nt's Name | e SAWA | NT SHUBHAI | M SANTOSH | Student's r ers | | Mother's Name: S | | | Gender: Male |
| | | | age:सावंत श्भ | | | | | | | |
| | | - | - 0 | | | | | | | |
| | ddress: SHREE SIDDHESHWAR MITRA MANDAL RAM NAGAR (B) GHATKOPAR (W) Sity: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086 | | | | | | | | | |
| , | | | | | | | | | | |
| | ielephone no.: Mobile no: 919004434263 Email : sawantshubham017@gmail.com iOB: Nov 26, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236320 (Status: ATKT) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | · · · · · |
| Paper | Details: | Plea | ase select Pa | per details which yo | u want to appear (UA | A - University A | Assessment,CA - Co | llege Ass | essment) | |
| SN | Pape | r Code | | | Paper Name | • | | | | AM - AT |
| 1 | 83 | 001 | | - | ng IX - Financial Acco | - | | Т | ĥ-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accountin | g | | Т | ĥ-UA [] | |
| 3 | | 013 | Business Ec | onomics VI | | | | | `h-UA [] | |
| 4 | | 014 | Commerce \ | | | | | | 'h-UA [] | |
| 5 | | 015 | | direct Taxation Pap | | | | | 'h-CA [] | |
| 6 | | 020 | Computer sy | stems and Applicat | • | | Current etc. Fee | 'T | h-UA[];Th- | |
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| Paymo | ent Detai | s: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
| DD No |) : | | | MICR No: | | DD Date: | | E | Bank: | |
| Cente | r Prefere | nce (Code/N | ame): | | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| l reque declar | est permi e that all | statement m | ent myself fo ade in this ap | oplication are true, o | ination. I have remitte complete and correct t bed for the examinatic | o the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | lied or rej | ected. | | | | | | | St | udent's Signature |
| Decla | ration by | Principal/HC | D/Chairperso | on | | | | | | |
| respoi | nsibility o | f fulfillment/r | ectification of | | me. The information p /she is regular studer | | | | | I also undertake the ance and practical |
| Place: | | | | | - | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| and | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi zed Job Opportunities, Cor | versity of Mumba http://mum.digitalunivers College of Arts, Science for Examination of Sur ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Sur | sity.ac/ ce and Comm nmer Sessio . B.ComSer etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | idha' account o | 'n | | |
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| | PR | N: | Elig | ibility Status: | Examination form 029383 | n No.: | Division/Section: | Roll N | - | Dowel | |
| 2 | 0170164 | 00843276 | | Eligible | | | F | 76 | 6 | 2 de | |
| Instru | ction Med | ium: | | | | | Nationality: | India | | | |
| | | | | | Student's Perso | onal Informati | | | | | |
| Stude | nt's Name | e: JAIN D | HAWAL PRA | VEEN | | | Mother's Name: R | EKHA | 0 | Gender: Male | |
| Name | in Verna | cular Langua | age: धवल जै | न | | | | | | | |
| Addre | ss: 101,n | nayur apt kha | arkarali thane | e west near,thane po | olice school | | | | | | |
| City: tl | y: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601 | | | | | | | | | | |
| Telepl | elephone no.: Mobile no: 919702890193 Email : dhawalj388@gmail.com | | | | | | | | | | |
| DOB: | Apr 07, 1 | 999 | Ca | tegory: Open | | Physically | Handicap: No | | | | |
| | | | | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | Se | eat No: 023 | 35808 (Status: Pass) | |
| 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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| | 1 83001 Financial Accounting and Auditing IX - Financial Accounting Th-UA [] 2 83007 Financial Accounting and Auditing X - Cost Accounting Th-UA [] | | | | | | | | | | |
| 2 | | | | • | ng X - Cost Accounting | | | | UA[] | | |
| 3 | | 013 014 | Business Ec | | | | | | UA [] UA [] | | |
| 4 | | 015 | Commerce \ | ndirect Taxation Pap | or II | | | | | | |
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| | | nce (Code/N | - | | | | | | | | |
| l reque declar | 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 | | | | | | | | Vidyavihar | | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
| | - | | | | | | | | St | udent's Signature | |
| This for respon | orm is ca nsibility o | refully scrutir f fulfillment/r | ectification of | College staff and by | me. The information pr s/she is regular student | | | | | | |
| Place: | : | | | | _ | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | |

| A Charles | | Το εχρία | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | iversity of Mumba http://mum.digitaluniver a College of Arts, Scien a for Examination of Su its)-Regular-Rev16-T.Y mpetitive Exams, Career Fairs rersity.ac/. Activate your 'e-Su | rsity.ac/ ice and Comm immer Session 7. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' accou | nt on | |
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| | PR | | | ibility Status: | Examination form 029384 | | Division/Section: | Ro | ll No.: | |
| 20 |)170164(| 00843303 | Ţ | Eligible | | | D | | 434 | folwakar |
| Instruc | tion Med | lium: | | Į | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | on | | | |
| Studen | nt's Name | e: PEDN | EKAR TEJAL | VINAY | | | Mother's Name: VI | IDHI | | Gender: Female |
| Name | in Verna | cular Langu | age:PEDNEK | AR TEJAL VINAY | | | | | | |
| Addres | s: bldg r | no. 76, room | no. 2073 kar | nnamwar nagar 2, vi | ikhroli east mumbai | | | | | |
| City: M | ity: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083 | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 919594941651 Email : khotpratik23@gmail.com | | | | | | | | | |
| DOB: J | OB: Jan 01, 2000 Category: Reserved (OBC) Physically Handicap: No | | | | | | | | | |
| Previo | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236020 (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 | | er Code | | | Paper Name | | | | | AM - AT |
| 1 | | 3001 | | | ng IX - Financial Accou | | | | [h-UA [] | |
| 2 | | 3007 | | | ng X - Cost Accounting |) | | | [h-UA [] | |
| 3 | | 3013 | Business Ec | | | | | | [h-UA [] | |
| 4 | | 3014 | Commerce \ | | | | | | [h-UA [] | |
| 5 | | 3015 | | direct Taxation Pap | ber II | | | | [h-CA[] | |
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| | cation Fe Statemen | | | Exam Form Late F | -ee | Exam Form | Super Late Fee | | Examinatio | 1 Fees |
| Mark S | latemen | | | Total: | | | | | | |
| Payme | ent Detail | ls: | Amount Rece | ived: | Col | llege Receipt | No. and Date: | | | |
| DD No | r: | | | MICR No: | | DD Date: | | | Bank: | |
| Center | Prefere | nce (Code/N | lame): | | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| I reque declare have g reques other g | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| cancei | led or rej | jected. | | | | | | | s | tudent's Signature |
| Declar | ation by | Principal/HC | D/Chairperso | on | | | | | | |
| respon | nsibility o | of fulfillment/r | rectification of | | r me. The information p e/she is regular student | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | te: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| and the second s | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi zed Job Opportunities, Cor | versity of Mumb http://mum.digitalunive College of Arts, Scien for Examination of So ts)-Regular-Rev16-T. npetitive Exams, Career Fair ersity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Session Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | ridha' account | t on | |
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| | PR | N: | Elig | ibility Status: | Examination for 029385 | | Division/Section: | Rol | l No.: | 250 |
| 20 | 0170164 | 00843326 | | Eligible | | | F | 7 | /04 | 2 |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | sonal Informati | - | | | |
| Stude | nt's Name | e: POTRO | O SONIA DIN | IBANDHU | | | Mother's Name: R | EENA | (| Gender: Female |
| Name | in Verna | cular Langua | age:पोट्रो सोनि | ोया dinbandhu | | | | | | |
| Addre | ss: Nasib | ulla Chawl r | oom no 2 gro | up no 4 tagore naga | ar vikhroli east mumba | ai 400083 | | | | |
| City: N | y: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083 | | | | | | | | | |
| Telepł | elephone no.: Mobile no: 919867246064 Email : swetapatra238@gmail.com | | | | | | | | | |
| DOB: | OB: Apr 14, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236028 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| <u> </u> | Details: | | ase select Pa | per details which yo | 11 (| , | ssessment,CA - Co | llege Asse | essment) | |
| SN | | r Code | Financial Aa | | Paper Name | | | | | AM - AT |
| 1 | | 001 007 | | | ng IX - Financial Acco | | | | h-UA [] | |
| 2 | | 007 013 | Business Ec | - | ng X - Cost Accountin | y | | | h-UA [] h-UA [] | |
| 4 | | 013 014 | Commerce \ | | | | | | h-UA[] | |
| 5 | | 601 4 6015 | | ndirect Taxation Pap | er II | | | | h-CA[] | |
| 6 | | 023 | | • | o Management Pape | r II | | | h-CA[] | |
| | cation Fe | | | Exam Form Late F | . . | | Super Late Fee | | Examination | Fees |
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| | ent Detai | s: / | Amount Rece | | Co | ollege Receipt | No. and Date: | | | |
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| | | nce (Code/N Iler of Exam | , | | | | | | | |
| l reque | est permi | ssion to pres | ent myself fo | | ination. I have remitte | | | | Place: | Vidyavihar |
| have g | leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I Date: have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| cance | lled or rej | ected. | | | | | | | St | udent's Signature |
| Declar | ration by | Principal/HC | D/Chairpers | on | | | | | | |
| This for respon | orm is car nsibility o | refully scrutin f fulfillment/r | nized by the (ectification of | College staff and by | me. The information e/she is regular studer | | | | | e. I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
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| 2 | 0170164 | 00843365 | | Eligible | | | D | 42 | :5 | Atrikity | |
| Instru | ction Med | lium: | | | | | Nationality: | India | | | |
| | | | | | Student's Pers | sonal Informati | on | | | | |
| Stude | nt's Name | e: PATIL | ANKITA KRI | SHNA | | | Mother's Name: A | PARNA | (| Gender: Female | |
| Name | in Verna | cular Langua | age:पाटील अं | केता कृष्णा | | | | | | | |
| Addre | ss: ROOI | M NO 409/2/ | 2 GANDHIN | AGAR N.S.S ROA | D | | | | | | |
| City: N | : MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084 | | | | | | | | | | |
| Telepl | elephone no.: Mobile no: 918097827761 Email : apal15805@gmail.com | | | | | | | | | | |
| DOB: | OB: Oct 19, 1999 Category: Reserved (OBC) Physically Handicap: No | | | | | | | | | | |
| Previc | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236003 (Status: Pass) | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | | |
| SN | • | r Code | | | Paper Name | | | | | AM - AT | |
| 1 | | 001 | | | ng IX - Financial Acco | | | | -UA[] | | |
| 2 | | 007 | | | ng X - Cost Accountin | g | | | -UA [] | | |
| 3 | | 013 | Business Ec | | | | | | -UA [] | | |
| 4 | | 014 | Commerce \ | | | | | | -UA [] | | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | -CA[] | | |
| 6 | | 016 | Export Mark | eting Paper II | • | | | ' | -CA[] | F | |
| | Statemen | | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | xamination | Fees | |
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| DD No | D : | | | MICR No: | | DD Date: | | Ba | ink: | | |
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| Venue | Preferer | nce (Code/N | ame): | | | | | | | | |
| To, Th | ne Contro | ller of Exami | ination, | | | | | | Place: | Vidyavihar | |
| declar | e that all | statement m | ade in this a | pplication are true, o | ination. I have remitte complete and correct to bed for the examination | the best of n | ny knowledge and be | elief. I | Date: | | |
| reque other | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
| cance | lied of rej | ected. | | | | | | | St | udent's Signature | |
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| respo | nsibility o | f fulfillment/r | ectification of | | me. The information e/she is regular studer | | | | | e. I also undertake the ance and practical | |
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| | PR | | | bility Status: | Examination forr 029387 | | Division/Section: | Rol | ll No.: | Quan |
| 2 | 0170164 | 00843373 | | Eligible | | | D | 4 | 147 | Padhan. |
| Instruc | ction Mec | lium: | - | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Stude | nt's Nam | e: JADHA | V TANMAY S | SHIVAJI | | | Mother's Name: V | ARSHARA | ANI (| Gender: Male |
| Name | in Verna | cular Langua | age:जाधव तन्द | मय शिवाजी | | | | | | |
| Addre | ss: HARI | SHCHANDF | A SURVE CH | AWL, NEAR B.M. | C. SCHOOL, MANKHU | JRD GAON, S | STATION ROAD, | | | |
| City: N | MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400088 | | | | | | | | | |
| Telepł | lephone no.: Mobile no: 919768683867 Email : tanmayjadhav08@gmail.com | | | | | | | | | |
| DOB: | DOB: Apr 05, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235804 (Status: Pass) | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| | Details: | | ase select Pa | per details which yo | ou want to appear (UA | - University A | Assessment,CA - Co | llege Asse | essment) | |
| SN | | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ng IX - Financial Accou | | | | 'h-UA [] | |
| 2 | | 007 | | 0 | ng X - Cost Accounting |] | | | 'h-UA [] | |
| 3 | | 013 014 | Business Eco Commerce V | | | | | | 'h-UA [] 'h-UA [] | |
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| 6 | | 015 016 | Export Marke | | | | | | 'h-CA[] | |
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| l reque declar | 'o, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not Place: Vidyavihar Date: | | | | | | | | Vidyavihar | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| | | | | | | | | | St | udent's Signature |
| This for respon | orm is ca nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information p s/she is regular studen | | | | | |
| Place: | : | | | | _ | | | | | |
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| | | Το εχρίο | re your personaliz | S. K. Somai Application Fo B.Com.(with Cre | niversity of Mumb http://mum.digitalunive ya College of Arts, Scien rm for Examination of Su edits)-Regular-Rev16-T. competitive Exams, Career Fair niversity.ac/. Activate your 'e-S | ersity.ac/ nce and Comn ummer Sessio Y. B.ComSei | nerce (540) n 2020 event. n VI [2C00146] | vidha' accour | nt on | |
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| 20 | 01701640 | 0843431 | Ŭ | Eligible | 029388 | | В | 1 | 150 | Omeander |
| Instruc | tion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | sonal Informati | on | | | |
| Studer | nt's Name | : KHARE | E SAILEE ABI | HIJIT | | | Mother's Name: A | NAGHA | (| Gender: Female |
| Name | in Verna | cular Langua | age:खरे सायर्ल | ो अभिजित | | | | | | |
| | dress: 601,VIJAYSHREE C.H.S, ST. ANTHONY ROAD, CHEMBUR, MUMBAI | | | | | | | | | |
| | /: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400071 | | | | | | | | | |
| , | elephone no.: 25214886 Mobile no: 918879028802 Email : saileekhare@icloud.com | | | | | | | | | |
| | OB: Mar 23, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236281 (Status: Pass) | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | • | | | | AM - AT |
| 1 | 83 | 001 | Financial Acc | counting and Aud | iting IX - Financial Acco | unting | | Т | ⁻ h-UA [] | |
| 2 | 83 | 007 | Financial Acc | counting and Aud | iting X - Cost Accountin | g | | Т | ⁻ h-UA[] | |
| 3 | 83 | 013 | Business Eco | onomics VI | | | | Т | ⁻ h-UA[] | |
| 4 | 83 | 014 | Commerce V | ′ I | | | | Т | ⁻ h-UA[] | |
| 5 | 83 | 015 | Direct and In | direct Taxation P | aper II | | | Т | ⁻ h-CA[] | |
| 6 | 83 | 029 | Elements of | Operational Rese | arch Paper II | | | Т | ⁻ h-CA[] | |
| | cation Fe | | | Exam Form Late | Fee | Exam Form | Super Late Fee | | Examination | Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
| Payme | ent Detail | s. 1 | Amount Recei | ived [.] | Co | llege Receipt | No. and Date: | | | |
| DD No | | 3 . ⁷ | | MICR No: | | DD Date: | | F | Bank: | |
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| | | nce (Code/N | , | | | | | | | |
| | | ller of Exami | | | | | | | Place: | Vidyavihar |
| declare | e that all | statement m | ade in this ap | plication are true | mination. I have remitte , complete and correct t | o the best of n | ny knowledge and be | elief. I | Date: | |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| Cancer | leu or rej | ecieu. | | | | | | | St | udent's Signature |
| Declar | ation by | Principal/HC | D/Chairperso | on | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | by me. The information He/she is regular studer | | | | | |
| Place: | | | | | | | | | | |
| Date: | te: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | P. | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Cred ed Job Opportunities, Co | iversity of Mumba http://mum.digitalunivers College of Arts, Science for Examination of Sur its)-Regular-Rev16-T.Y mpetitive Exams, Career Fairs | sity.ac/ ce and Comm nmer Sessio . B.ComSer etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | ridha' account | ton | |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------|-------------|----------------------|
| | PR | N: | Eligi | bility Status: | ersity.ac/. Activate your 'e-Sur Examination form 029389 | | Division/Section: | Roll | l No.: | Barlang. |
| 20 | 1701640 | 00843446 | | Eligible | | | E | 4 | 80 | Up |
| Instruct | tion Med | lium: | | | | | Nationality: | India | | • |
| | | | | | Student's Perso | onal Informati | on | | | |
| Studen | t's Name | e: SARAN | NG UMERA J | AHID | | | Mother's Name: R | IZWANA | | Gender: Female |
| Name i | n Verna | cular Langua | age:उमेरा | | | | | | | |
| Addres | ddress: Room No 765, Plot no 12, Lotus colony, Govandi Mumbai | | | | | | | | | |
| | ity: Mumbai, Taluka: kurla, District: , State: Maharashtra, PIN: 400043 | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 919920385826 Email : yusufsarang@yahoo.com | | | | | | | | | |
| DOB: N | OOB: Nov 02, 1998 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | us Lates | t Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | 5 | Seat No: 02 | 36074 (Status: Pass) |
| Exam f | Exam form appearance type: Fresher | | | | | | | | | |
| Paper I | Paper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Accou | nting | | TI | h-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | | | Tł | h-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | | h-UA [] | |
| 4 | 83 | 014 | Commerce \ | /1 | | | | TI | h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pa | per II | | | TI | h-CA[] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | T | h-CA[] | |
| | cation Fe | | | Exam Form Late I | ee | Exam Form | Super Late Fee | E | Examination | n Fees |
| Mark S | tatemen | t Fee | | Total: | | | | | | |
| Pavme | nt Detail | s: | Amount Rece | ived [.] | Coll | ege Receipt | No. and Date: | | | |
| DD No: | | | | MICR No: | | DD Date: | | В | Bank: | |
| Center | Prefere | nce (Code/N | ame): | | | | | | - | |
| | | nce (Code/N | , | | | | | | | |
| | | ller of Exam | , | | | | | | Place: | Vidyavihar |
| declare | that all | statement m | ade in this ap | plication are true, | ination. I have remitted complete and correct to bed for the examination | the best of n | ny knowledge and be | elief. I | Date: | |
| request other g | have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| cancell | ea or rej | ected. | | | | | | | s | tudent's Signature |
| Declara | ation by | Principal/HC | D/Chairperso | on | | | | | | |
| respon | sibility o | f fulfillment/r | ectification of | | me. The information pr e/she is regular student | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| A CONTRACTOR | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Cor | versity of Mumb http://mum.digitalunive College of Arts, Scien for Examination of Se ts)-Regular-Rev16-T. npetitive Exams, Career Fail presity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Session Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | ridha' accou | int on | | |
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| | PR | N: | Eligi | bility Status: | Examination for 029390 | m No.: | Division/Section: | Ro | oll No.: | Queber | |
| 2 | 0170164 | 00843454 | | Eligible | | | С | | 312 | Sherr | |
| Instru | ction Med | lium: | | | | | Nationality: | India | | • | |
| | | | | | Student's Pers | sonal Informati | on | | | | |
| Stude | nt's Name | e: JADHA | V SNEHA SU | JNIL | | | Mother's Name: U | JJWALA | | Gender: Female | |
| Name | in Verna | cular Langua | age:जाधव स्ने | हा सुनील | | | | | | | |
| Addre | Iress: b 3 saikrupa hsg soc netaji nagar, 90 fet road khadi no 3 | | | | | | | | | | |
| City: n | ty: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072 | | | | | | | | | | |
| Telepl | elephone no.: Mobile no: 918898323748 Email : avijadhav1997@gmail.com | | | | | | | | | | |
| DOB: | DOB: Aug 17, 1999 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235803 (Status: Pass) | | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | | |
| · · | Details: | | ase select Pa | per details which yo | ou want to appear (U/ | , | ssessment,CA - Co | llege Ass | sessment) | | |
| SN | | r Code | | | Paper Name | | | - | | AM - AT | |
| 1 | | 001 | | | ng IX - Financial Acco | | | | Th-UA[] | | |
| 2 | | 007 013 | Business Ec | - | ng X - Cost Accountin | g | | | Th-UA [] Th-UA [] | | |
| 4 | | 014 | Commerce V | | | | | | Th-UA[] | | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | Th-CA[] | | |
| 6 | | 016 | Export Marke | • | | | | | Th-CA[] | | |
| | ocation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | n Fees | |
| Mark \$ | Statemen | t Fee | | Total: | | | • | | | | |
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| - | ent Detai | s: / | Amount Rece | | Co | ollege Receipt | No. and Date: | | | | |
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| | | nce (Code/N | , | | | | | | | | |
| | | nce (Code/N | , | | | | | | | | |
| 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 | | | | | | | | Vidyavihar | | | |
| other | request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | | |
| | | | | | | | | | S | tudent's Signature | |
| This for respon | orm is ca nsibility o | refully scrutir f fulfillment/r | ectification of | College staff and by | me. The information //she is regular studer | | | | | e. I also undertake the ance and practical | |
| Place: | | | | | _ | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | |

| | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credii ed Job Opportunities, Con | versity of Mumb http://mum.digitaluniv College of Arts, Scie for Examination of S ts)-Regular-Rev16-T potitive Exams, Career Fai potitive Exams, Career Fai | ersity.ac/ nce and Comm ummer Session Y. B.ComSer rs etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | ridha' accou | int on | Contraction of the leaves | |
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| | PR | N: | Eligi | bility Status: | Examination for 029391 | | Division/Section: | Ro | oll No.: | man the | |
| 2 | 0170164 | 00843462 | | Eligible | | | F | | 714 | Harafat | |
| Instru | ction Med | ium: | - | | | | Nationality: | India | | | |
| | | | | | Student's Per | sonal Informati | on | | | | |
| Stude | nt's Name | e: SANNA | AGAPNOOR | PRIYANKA JALLAF | PA | | Mother's Name: SI | JJATA | (| Gender: Female | |
| Name | in Verna | cular Langua | age:प्रियांका ज | ल्लाप्पा सन्नागपनू | र | | | | | | |
| Addre | ss: Shivc | ss: Shivchaya Rahivashi Sang Opp Bldg-176, Near Pragati Vidyalay Kannamwar Nagar-2 | | | | | | | | | |
| City: N | : Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083 | | | | | | | | | | |
| Telepl | elephone no.: Mobile no: 918898589133 Email : priyanakajallappa7085@gmail.com | | | | | | | | | | |
| DOB: | OB: Nov 16, 1999 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previc | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236072 (Status: ATKT) | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | | |
| SN | | r Code | | | Paper Name | | | | | AM - AT | |
| 1 | | 001 | | | ng IX - Financial Acco | | | | Th-UA [] | | |
| 2 | | 007 | | - | ng X - Cost Accountir | Ig | | | Th-UA[] | | |
| 3 | | 013 | Business Eco | | | | | | Th-UA[] | | |
| 4 | | 014 015 | Commerce V | | | | | | Th-UA[] | | |
| 5 6 | | 015 | | direct Taxation Pap | o Management Pape | | | | Th-CA [] Th-CA [] | | |
| | ocation Fe | | Investment P | Exam Form Late F | ° 1 | 1 | Super Late Fee | | Examination | Foos | |
| | Statemen | | | Total: | 66 | | | | | 11 663 | |
| Marit | | | | rotan | | | | | | | |
| Paym | ent Detai | s: / | Amount Recei | ived: | Co | ollege Receipt | No. and Date: | | | | |
| DD No |) : | | | MICR No: | | DD Date: | | | Bank: | | |
| Cente | r Prefere | nce (Code/N | ame): | | | | | | | | |
| Venue | e Preferer | nce (Code/N | ame): | | | | | | | | |
| l reque declar | Fo, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | Vidyavihar | | |
| other | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | | |
| | | | | | | | | | St | udent's Signature | |
| This for respon | orm is ca nsibility o | efully scrutir f fulfillment/r | ectification of | College staff and by | me. The information /she is regular stude | | | | | e. I also undertake the ance and practical | |
| Place: | : | | | | | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | |

| | | Το εχρίοι | re your personali | S. K. Somaiya Application Form B.Com.(with Cred zed Job Opportunities, Co | http://mum.digitalunive College of Arts, Scient for Examination of S its)-Regular-Rev16-T. mpetitive Exams, Career Fail | ersity.ac/ nce and Comm ummer Sessio Y. B.ComSer rs etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e | -Suvidha' acco | unton | |
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| | | | | http://mum.digitaluni | ersity.ac/. Activate your 'e-S Examination for | Suvidha' account an | d login today! | | | |
| 201 | PR | N:)0843477 | Elig | jibility Status: | 029392 | | Division/Section F | : R | oll No.: 695 | - talinan |
| - | | | | Eligible | | | | India | 000 | |
| Instructi | ion wed | ium: | | | Student's Dor | sonal Informati | Nationality: | India | | |
| Student | 's Nam | | AR PRACHI | KAMI ESH | Siddenit's Pers | | Mother's Name | | | Gender: Female |
| | | | age:પરમાર પ્ર | | | | | | | |
| | | | - | | | | | | | |
| | Address: 13/madhav kutir 7th road vidhyavihar [east] | | | | | | | | | |
| - | City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077 | | | | | | | | | |
| | Telephone no.: Mobile no: 917303037992 Email : prachiparmar93@gmail.com | | | | | | | | | |
| DOB: May 25, 1999 Category: Open Physically Handicap: No Providus Latest Examination Datails: Sam IV(Pagular Rov16) Exam Event: Apr 2010 Seet No: 0235070 (Status: Pass) | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235979 (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 | | r Code | | aper details which y | Paper Name | - | issessment, CA - | | Sessment | AM - AT |
| 1 | | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | | | | Th-UA[] | , , |
| 2 | | 007 | | | ng X - Cost Accountin | | | | Th-UA[] | |
| 3 | | 013 | Business Ec | - | | 3 | | | Th-UA[] | |
| 4 | 83 | 014 | Commerce | VI | | | | | Th-UA[] | |
| 5 | 83 | 015 | Direct and Ir | ndirect Taxation Pa | per II | | | | Th-CA[] | |
| 6 | 83 | 023 | Investment | Analysis and Portfol | io Management Pape | r II | | | Th-CA[] | |
| Convoc | ation Fe | e | | Exam Form Late | ee | Exam Form | Super Late Fee | | Examinat | ion Fees |
| Mark St | atemen | t Fee | | Total: | | | | | | |
| _ | | 1. | _ | | | | | | | |
| Paymer | nt Detai | s: / | Amount Rece | | Co | ollege Receipt | No. and Date: | | | |
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| | | nce (Code/N | , | | | | | | | |
| | | nce (Code/N | - | | | | | | | |
| 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 other gr | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| ouncone | | 00100. | | | | | | | | Student's Signature |
| | - | - | D/Chairpers | | | | | | | |
| respons | sibility o | f fulfillment/r | ectification o | | me. The information e/she is regular studer | | | | | dge. I also undertake the ndance and practical |
| Place: | | | | | _ | | | | | |
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| | PR | N: | Eligi | ibility Status: | Examination for 029393 | m No.: | Division/Section: | Roll N | No.: | |
| 20 | 1701640 | 00843485 | | Eligible | | | А | 10 | 6 | 61. State |
| Instruct | ion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Student | t's Name | e: NEHA | ANIL THAKU | R | | | Mother's Name: K | ALPANA | C | Gender: Female |
| Name ii | n Verna | cular Langua | age:नेहा अनित | त्र ठाकूर | | | | | | |
| Address | s: H- TY | PE, 9/7 ORI | DNANCE FA | CTORY ESTATE A | MBARNATH WEST | | | | | |
| | AMBARNATH, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421502 | | | | | | | | | |
| | lephone no.: Mobile no: 918989160765 Email : nehaanilthakur25@gmail.com | | | | | | | | | |
| DOB: N | 1ay 25, 2 | 2000 | Ca | tegory: Reserved (S | ST) | Physically | Handicap: No | | | - |
| Previou | is Lates | Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | Se | eat No: 023 | 36201 (Status: Pass) |
| Exam fo | Exam form appearance type: Fresher | | | | | | | | | |
| Paper D | Paper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | 1 | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | unting | | Th- | ·UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | g | | Th- | UA[] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Th- | UA[] | |
| 4 | 83 | 014 | Commerce \ | | | | | Th- | UA[] | |
| 5 | | 015 | | direct Taxation Pap | | | | | ·CA[] | |
| 6 | | 020 | Computer sy | vstems and Applicat | | | | ' | -UA [] ;Th- | |
| | ation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | Ex | camination | Fees |
| Mark St | tatemen | t⊦ee | | Total: | | | | | | |
| Paymer | nt Detail | s: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
| DD No: | | | | MICR No: | | DD Date: | | Ba | nk: | |
| Center | Prefere | nce (Code/N | ame): | | | • | | | | |
| Venue I | Preferer | nce (Code/N | ame): | | | | | | | |
| To, The | e Contro | ller of Exam | ination, | | | | | | Place: | Vidyavihar |
| declare | that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct t bed for the examinatic | o the best of n | ny knowledge and be | elief. I | Date: | |
| request other gr | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| canceile | | ecieu. | | | | | | | St | udent's Signature |
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| respons | sibility o | f fulfillment/r | ectification of | | me. The information p /she is regular studer | | | | | e. I also undertake the ance and practical |
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| | The second se | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitaluniv/ College of Arts, Scie for Examination of S ts)-Regular-Rev16-T. npetitive Exams, Career Fail arsity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Sessio Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | idha' accour | nt on | | |
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| | PR | N: | Eligi | bility Status: | Examination for 029394 | m No.: | Division/Section: | Ro | ll No.: | 1 | |
| 20 | 170164 | 00843493 | | Eligible | | | F | (| 671 | charmi | |
| Instruct | tion Med | lium: | | | | | Nationality: | India | | | |
| | | | | | Student's Per | sonal Informati | on | | | | |
| Studen | it's Name | e: MAND | ALIYA CHAR | MI HARESH DAKS | HABEN | | Mother's Name: D/ | AKSHABI | EN (| Gender: Female | |
| Name i | in Verna | cular Langua | age:मांडलिया | चार्मी हरेश दक्षाबेन | | | | | | | |
| Addres | s: 14/39 | 4, near gane | esh mandir sa | int dnyaneshwar ma | arg, chs pant nagar gl | natkopar-w | | | | | |
| City: M | r: MUMBAI, Taluka: , District: Mumbai Suburban, State: Maharashtra, PIN: 400075 | | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 917045393124 Email : dand.darshan4544@gmail.com | | | | | | | | | | |
| DOB: J | OB: Jun 26, 2000 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235900 (Status: Pass) | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | | |
| Paper I | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name |) | | | | AM - AT | |
| 1 | 83 | 001 | | • | ng IX - Financial Acco | 0 | | Т | 「h-UA [] | | |
| 2 | | 007 | | - | ng X - Cost Accountin | g | | | [h-UA [] | | |
| 3 | | 013 | Business Ec | | | | | | [h-UA [] | | |
| 4 | | 014 | Commerce \ | | | | | | [h-UA [] | | |
| 5 | | 015 | | direct Taxation Pap | | | | | [h-CA[] | | |
| 6 | | 023 | Investment A | | o Management Pape | | | | [h-CA [] | _ | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees | |
| Mark S | tatemen | tree | | Total: | | | | | | | |
| Payme | nt Detai | s: / | Amount Rece | ived: | Co | ollege Receipt | No. and Date: | | | | |
| DD No: | : | I | | MICR No: | | DD Date: | | E | Bank: | | |
| Center | Prefere | nce (Code/N | ame): | | | • | | • | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | | |
| l reque declare | To, The Controller of Examination, Place: Vidyavihar request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby Place: Vidyavihar declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I Date: Date: ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not Vidyavihar | | | | | | | | Vidyavihar | | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | | |
| <u>.</u> | | . | | | | | | | St | udent's Signature | |
| This for respon | rm is ca sibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information /she is regular stude | | | | | . I also undertake the ance and practical | |
| Place: | | | | | - | | | | | | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | | |

| | | To explo | re your personaliz | S. K. Soma Application Fo B.Com.(with Cr ed Job Opportunities, | Iniversity of Mum http://mum.digitaluni iya College of Arts, Scie orm for Examination of S redits)-Regular-Rev16-1 Competitive Exams, Career Fa university.ac/. Activate your 'e | <u>versity.ac/</u> ence and Comn Summer Sessio [•] .Y. B.ComSei i rs etc., click on 'EA 3 | nerce (540) n 2020 event. n VI [2C00146] SY link in your | 'e-Suvidha' acco | unton | |
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| | PR | N: | Eligi | bility Status: | Examination fo 029395 | | Division/Section | on: R | oll No.: | . 25 |
| 20 | 1701640 | 00843512 | | Eligible | | | D | | 407 | Horeor |
| Instruct | ion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Pe | rsonal Informati | on | | | |
| Student | t's Name | e: PAREE | EK NEHA SH/ | ASHIKANT | | | Mother's Nam | ne: SANTOSI | 4 | Gender: Female |
| Name i | n Verna | cular Langua | age:पारीक नेह | । शशिकांत | | | | | | |
| Addres | s: ROW | HOUSE C-5 | 55 SECTOR 4 | AIROLI | | | | | | |
| City: NA | AVI MUN | /IBAI, Taluka | a: Thane, Dist | trict: Thane, Stat | e: Maharashtra, PIN: 40 | 0708 | | | | |
| Telepho | elephone no.: Mobile no: 917506069436 Email : nehapareek1209@gmail.com | | | | | | | | | |
| DOB: Sep 12, 1999 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235974 (Status: Pass) | | | | | | | | | 0235974 (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 | | r Code | | | Paper Nam | | | | | AM - AT |
| 1 | | 001 | | | diting IX - Financial Acc | | | | Th-UA [] | |
| 2 | | 007 | | | diting X - Cost Accounti | ng | | | Th-UA [] | |
| 3 | | 013 014 | Business Eco Commerce V | | | | | | Th-UA [] Th-UA [] | |
| 5 | | 014 | | direct Taxation F | Daner II | | | | Th-CA[] | |
| 6 | | 016 | Export Marke | | | | | | Th-CA[] | |
| - | ation Fe | | Export maria | Exam Form Lat | te Fee | Exam Form | Super Late Fee | <u>}</u> | Examinati | on Fees |
| | tatemen | | | Total: | | | | - | | |
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| Payme | nt Detail | s: / | Amount Recei | | С | ollege Receipt | No. and Date: | | 1 | |
| DD No: | | | | MICR No: | | DD Date: | | | Bank: | |
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| | | nce (Code/N | / | | | | | | | |
| l reques declare have go | 'o, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | - | | |
| other gr | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| caricoli | 64 61 10 | 00104. | | | | | | | | Student's Signature |
| This for respons | m is car sibility o | efully scrutin f fulfillment/r | ectification of | College staff and | by me. The information He/she is regular stude | | | | | ge. I also undertake the ndance and practical |
| Place: | | | | | | | | | | |
| Date: | tte: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | To explo | re vour nersonalit | S. K. Somaiya Application Form B.Com.(with Cred | iversity of Mumba http://mum.digitaluniver College of Arts, Scient for Examination of Sun its)-Regular-Rev16-T.Y mpetitive Exams, Career Fairs | sity.ac/ ce and Comm mmer Sessio ′. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accour | nt on | |
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| 007 | PRI | | Eligi | bility Status: | Examination forn 029396 | | Division/Section: E | | ll No.: 517 | 400 die |
| - | | 0843551 | | Eligible | | | | | 517 | 1 |
| Instruct | ion Med | ium: | | | Oto da adla Da az | | Nationality: | India | | |
| Ctudant | 's Name | | I VANDIT AT | | Student's Perso | onal Informati | on Mother's Name: A | | | Conder: Mala |
| | | | | | | | | SIVILLA | | Gender: Male |
| | me in Vernacular Language:शेठ वंदित अतुल | | | | | | | | | |
| | Idress: 605/606,MAHAVIR APARTMENTS SARVODAYA NAGAR,MULUND WEST | | | | | | | | | |
| | | | a, District: Mu | | tate: Maharashtra, PIN | : 400080 | I | | | |
| • | elephone no.: 25913932 Mobile no: 919167956108 Email : vandit2411@gmail.com | | | | | | | | | |
| | DOB: Nov 24, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236146 (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 | | r Code | ase select ra | per details which y | Paper Name | - Oniversity P | (SSESSITIETIL, CA - CO | | essment) | AM - AT |
| 1 | | 001 | Financial Ac | counting and Auditi | ng IX - Financial Accou | Intina | | т | ĥ-UA [] | |
| 2 | | 007 | | • | ng X - Cost Accounting | - | | | 'h-UA[] | |
| 3 | | 013 | Business Ec | • | | | | | 'h-UA[] | |
| 4 | | 014 | Commerce V | | | | | | 'h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pa | per II | | | | [] h-CA | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | Т | 'h-CA[] | |
| Convoc | ation Fe | e | | Exam Form Late | ee | Exam Form | Super Late Fee | | Examinatio | n Fees |
| Mark St | atemen | t Fee | | Total: | | | | | | |
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| Paymer | nt Detail | s: / | Amount Rece | 1 | Col | <u> </u> | No. and Date: | r | 2 1 | |
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| | | ice (Code/N l er of Exam i | , | | | | | | Disco | No. 4 |
| I reques | st permis | ssion to pres | ent myself fo | | nination. I have remitted | | | | Place: Date: | : Vidyavihar |
| request | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| | ancelled or rejected. Student's Signature | | | | | | | | | |
| Declara | tion by I | Principal/HC | D/Chairperso | on | | | | | | |
| respons | sibility of | f fulfillment/r | ectification of | | r me. The information p e/she is regular student | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi zed Job Opportunities, Con | versity of Mumb http://mum.digitalunive College of Arts, Scien for Examination of Se ts)-Regular-Rev16-T. npetitive Exams, Career Fail presity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Session Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Sun | ridha' account | on | |
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| | PR | N: | Eligi | ibility Status: | Examination for 029397 | m No.: | Division/Section: | Roll | No.: | tas tucks |
| 20 | 0170164 | 00843616 | Р | Provisional | | | F | 7 | 53 | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | | sonal Informati | - | | | |
| Studer | nt's Name | e: VANIY | AR KARTHIK | A SRINIVAS SANT | HI | | Mother's Name: S | ANTHI | 0 | Gender: Female |
| Name | in Verna | cular Langua | age:कार्थिक | | | | | | | |
| Addres | ss: Abdul | Karim chaw | IR. no 3 Nit | yanand Nagar Ghat | kopar (W) | | | | | |
| City: m | r: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086 | | | | | | | | | |
| Telepł | elephone no.: Mobile no: 917039863477 Email : karthikasrinivas26@gmail.com | | | | | | | | | |
| | DOB: Nov 17, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236216 (Status: Pass) | | | | | | | | | | |
| Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment.CA - College Assessment) | | | | | | | | | | |
| | Details: | | ase select Pa | per details which yo | 11 (| , | Assessment,CA - Co | llege Asse | essment) | ANA AT |
| SN 1 | | r Code 001 | Financial Ac | | Paper Name | | | ть | n-UA [] | AM - AT |
| 2 | | 007 | | - | ng X - Cost Accountin | - | | | 1-UA[] 1-UA[] | |
| 3 | | 013 | Business Ec | | | 9 | | | 1-UA[] | |
| 4 | | 014 | Commerce \ | | | | | | 1-UA[] | |
| 5 | | 015 | | ndirect Taxation Pap | er II | | | | n-CA[] | |
| 6 | | 023 | | • | o Management Pape | r II | | | n-CA[] | |
| Convo | cation Fe | e | | Exam Form Late F | v 1 | | Super Late Fee | | Examination | Fees |
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| - | ent Detai | s: / | Amount Rece | | Co | ollege Receipt | No. and Date: | | | |
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| l reque declar | est permi e that all | ssion to pres statement m | sent myself fo ade in this ap | pplication are true, c | ination. I have remitte complete and correct to bed for the examination | to the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancer | | celea. | | | | | | | St | udent's Signature |
| Declar | ation by | Principal/HC | D/Chairpers | on | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | me. The information /she is regular studer | | | | | . I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | ł | | | S. K. Somaiya Application Form | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T.` | <u>rsity.ac/</u> nce and Comn immer Sessio | nerce (540) n 2020 event. | | | |
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| | | To explo | re your personaliz | ed Job Opportunities, Cor http://mum.digitaluniv | npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-S | s etc., click on 'EAs uvidha' account an | SY' link in your 'e-Suv d login today! | vidha' accour | nt on | |
| 20 | PR | N: 00843671 | Eligi | bility Status: Eligible | Examination for 029398 | | Division/Section: D | | II No.: 360 | Rypali |
| - | tion Med | | | Ligible | | | Nationality: | India | | |
| monuc | | ium. | | | Student's Pers | onal Informati | , | India | | |
| Studer | nt's Name | e: KHANI | DEKAR RUP | ALI SADASHIV | | | Mother's Name: G | EETANJA | | Gender: Female |
| | | | age:रुपाली सट | | | | | | | |
| | Address: SHIVGARJANA HSG, SOC RAHUL NAGAR B VIKHROLI PARK SITE | | | | | | | | | |
| | City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079 | | | | | | | | | |
| | City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079 Felephone no.: Mobile no: 918108773544 Email : premdalvi1234@gmail.com | | | | | | | | | |
| DOB: Nov 11, 1999 Category: Reserved (OBC) Physically Handicap: No | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235875 (Status: Pass) | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Ass | essment) | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | | - | ng IX - Financial Acco | - | | | ĥ-UA [] | |
| 2 | | 007 | | - | ng X - Cost Accounting | g | | | ĥ-UA [] | |
| 3 | | 013 | Business Ec | | | | | | 'h-UA [] | |
| 4 | | 014 | Commerce \ | | | | | | 'h-UA [] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | 'h-CA[] | |
| 6 Convo | cation Fe | 016 | Ехрогт магке | eting Paper II | | Evon Form | Super Late Fee | 'T | h-CA[] Examination | Foos |
| | Statemen | | | Total: | 66 | | | | | 11 663 |
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| Payme | ent Detai | s: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
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| l reque declare | est permi e that all | statement m | ent myself fo ade in this ar | oplication are true, o | ination. I have remitte complete and correct to bed for the examinatio | o the best of n | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| | | | | | | | | | St | udent's Signature |
| This fo respon | rm is ca sibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information p s/she is regular studen | | | | | e. I also undertake the ance and practical |
| Place: | | | | | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | | | S. K. Soma | Jniversity of Mur http://mum.digitalu iya College of Arts, So form for Examination of redits)-Regular-Rev16 | iversity.ac/ ience and Comr Summer Sessio | nerce (540) n 2020 event. | | | |
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| | | To explo | re your persona | lized Job Opportunities http://mum.digita | Competitive Exams, Career university.ac/. Activate your | airs etc., click on 'EA e-Suvidha' account a | SY' link in your 'e-S Id login today! | Suvidha' acco | unt on | |
| | PR | N: | Eli | gibility Status: | Examination 02939 | | Division/Section: | R | oll No.: | Chizad |
| 201 | 701640 | 0843694 | | Eligible | | | D | | 455 | Chizag |
| Instructio | on Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's P | ersonal Informat | on | | | 1 |
| Student' | | | | APISHANKAR | | | Mother's Name: | LATA | | Gender: Male |
| Name in | Verna | cular Langua | age:ચિરાગ | | | | | | | |
| Address | dress: 507 sangmitra dumping road mulund west | | | | | | | | | |
| City: mu | ity: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080 | | | | | | | | | |
| Telepho | elephone no.: Mobile no: 919920946674 Email : chiraggor26@gmail.com | | | | | | | | | |
| DOB: De | DOB: Dec 26, 1998 Category: Open Physically Handicap: No | | | | | | | | | |
| Previous | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235926 (Status: ATKT) | | | | | | | | | 235926 (Status: ATKT) |
| Exam fo | Exam form appearance type: Fresher | | | | | | | | | |
| Paper D | etails: | Plea | ase select P | aper details whic | n you want to appear (| UA - University | Assessment,CA - (| College As | sessment) | |
| SN | | r Code | | | Paper Na | | | | | AM - AT |
| 1 | | 001 | | | diting IX - Financial Ac | | | | Th-UA[] | |
| 2 | | 007 | | | diting X - Cost Accoun | ting | | | Th-UA [] | |
| 3 | | 013 | | conomics VI | | | | | Th-UA[] | |
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| 5 6 | | 015 016 | | Indirect Taxation | Paper II | | | | Th-CA[] | |
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| Paymen | t Detail | s: / | Amount Rec | eived: | | College Receipt | No. and Date: | | | |
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| Center F | Preferer | nce (Code/N | lame): | | | | | | | |
| Venue P | Preferer | ice (Code/N | ame): | | | | | | | |
| To, The | Contro | ller of Exam | ination, | | | | | | Plac | e: Vidyavihar |
| declare t | that all | statement m | nade in this a | application are tru | amination. I have remi e, complete and corre- scribed for the examination | t to the best of r | ny knowledge and | belief. I | / Date | : |
| request to other gro | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| cancelle | ed or rej | ected. | | | | | | | | Student's Signature |
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| responsi | ibility o | f fulfillment/r | ectification | | by me. The information He/she is regular stud | | | | | ge. I also undertake the idance and practical |
| Place: | | | | | | | | | | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| a la | A | | | S. K. Somaiya Application Form | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T. | <u>rsity.ac/</u> nce and Comm immer Sessio | nerce (540) n 2020 event. | | | |
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| | | To explo | re your personaliz | ed Job Opportunities, Cor http://mum.digitaluniv | npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-S | s etc., click on 'EAS uvidha' account an | SY' link in your 'e-Su d login today! | vidha' accou | unt on | |
| 20 | PR | N:)0843721 | , i | bility Status: Eligible | Examination for 029400 | | Division/Section: | R | oll No.: 467 | Arani |
| - | tion Med | | | Liigible | | | Nationality: | India | | \sim |
| monuc | | ium. | | | Student's Pers | onal Informati | , | Inula | | |
| Studen | nt's Name | e RAWA | T AVANI HAF | RISINGH | | | Mother's Name: Y | ASHODA | 4 | Gender: Female |
| | ame in Vernacular Language:रावत अवनि हरिसिंह | | | | | | | | | |
| | | | | | | | | | | |
| | Idress: D-10, DAE COLONY, SARVODAYA NAGAR, CHEMBUR - EAST ty: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400071 | | | | | | | | | |
| , | ity: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400071 elephone no.: Mobile no: 919004445643 Email : hsrbsr@gmail.com | | | | | | | | | |
| | DOB: Sep 28, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236313 (Status: Pass) | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | ollege As | sessment) | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | unting | | , | Th-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | J | | | Th-UA [] | |
| 3 | | 013 | Business Ec | | | | | | Th-UA [] | |
| 4 | | 014 | Commerce \ | - | | | | | Th-UA [] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | Th-CA[] | |
| 6 | | 016 | Export Marke | eting Paper II | • | | | | Th-CA[] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinati | on Fees |
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| Payme | ent Detai | s: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
| DD No | : | | | MICR No: | | DD Date: | | | Bank: | |
| Center | Prefere | nce (Code/N | ame): | | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| - | | ller of Exami | - | | | | | | Place | e: Vidyavihar |
| declare | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct to bed for the examination | o the best of n | ny knowledge and b | elief. I | Date | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancen | | ecieu. | | | | | | | | Student's Signature |
| Declar | ation by | Principal/HC | D/Chairperso | on | | | | | | |
| respon | nsibility o | f fulfillment/r | ectification of | | me. The information p s/she is regular studen | | | | | ge. I also undertake the dance and practical |
| Place: | | | | | _ | | | | | |
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| A Contraction | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Muml http://mum.digitaluniv College of Arts, Scie for Examination of S ts)-Regular-Rev16-T npetitive Exams, Career Fal arsity.ac/. Activate your 'e- | ersity.ac/ ence and Comm ummer Sessio .Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accou | int on | E. |
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| | PR | | | bility Status: | Examination fo 029401 | rm No.: | Division/Section: | Ro | oll No.: | Barate |
| 2 | 0170164 | 00843744 | | Eligible | | | В | | 160 | Allas |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | - |
| | | | | | Student's Per | sonal Informati | on | | | |
| Stude | nt's Name | e: PARAE | 3 ANIRUDDH | A AJIT | | | Mother's Name: Al | NAGHA | | Gender: Male |
| Name | in Verna | cular Langua | age:परब अनिर | रुद्ध अजित | | | | | | |
| Addre | ss: 401, CHANDRALOK SOCIETY DATAR COLONY, BHANDUP (EAST) V S ROAD | | | | | | | | | |
| City: N | MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400042 | | | | | | | | | |
| Telepł | lephone no.: Mobile no: 919869063024 Email : aniruddhaparab82@gmail.com | | | | | | | | | |
| DOB: | OB: Dec 30, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235967 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| · · | Details: | | ase select Pa | per details which yo | u want to appear (U | , | ssessment,CA - Co | llege Ass | sessment) | |
| SN | | r Code 001 | | | Paper Name | | | | | AM - AT |
| 1 | | 001 007 | | | ng IX - Financial Acco ng X - Cost Accountir | | | | Th-UA [] Th-UA [] | |
| 2 | | 013 | Business Eco | - | | iy | | | Th-UA[] | |
| 4 | | 6013 6014 | Commerce V | | | | | | Th-UA[] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | Th-CA[] | |
| 6 | | 029 | | Operational Resear | | | | | Th-CA[] | |
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| - | ent Detai | s: / | Amount Recei | | C | ollege Receipt | No. and Date: | | | |
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| | | nce (Code/N | , | | | | | | | |
| l reque declar | o, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby eclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | : Vidyavihar | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | 00100. | | | | | | | S | Student's Signature |
| This for respon | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information s/she is regular stude | | | | | e. I also undertake the lance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| 2 | | To embo | re vour nersonaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of S ts)-Regular-Rev16-T. npetitive Exams, Career Fair | ersity.ac/ nce and Comm ummer Sessio Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accou | nt on | |
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| 20 | PR | N:)0843775 | Ĭ | bility Status: Eligible | Examination for 029402 | - | Division/Section: E | | II No.: 488 | + word |
| | | | | Eligible | | | | | 100 | 7 |
| Instruc | tion Med | ium: | | | Student's Por | sonal Informati | Nationality: | India | | |
| Studer | nt's Name | SAWA | | | Student's Pers | | Mother's Name: Y | | | Gender: Female |
| | | | | | | | Would's Name. 1 | | | |
| | me in Vernacular Language:सावंत वेदिका विश्वास dress: B-404 GULMOHAR PATILWADI, SAVARKAR NAGAR THANE WEST | | | | | | | | | |
| | | | | | | | | | | |
| | ity: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400606 elephone no.: 25803214 Mobile no: 919167779268 Email : write2evon@gmail.com | | | | | | | | | |
| - | Telephone no.: 25803214 Mobile no: 919167779268 Email : write2evon@gmail.com NOB: Nov 26, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236087 (Status: Pass) | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | · · · · · | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (U/ | A - University A | Assessment,CA - Co | llege Ass | essment) | |
| SN | Pape | r Code | | | Paper Name | 9 | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditin | ng IX - Financial Acco | ounting | | ٢ | [h-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accountin | g | | ٦ | [h-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | ٦ | [h-UA [] | |
| 4 | | 014 | Commerce V | | | | | | [h-UA [] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | [h-CA[] | |
| 6 | | 016 | Export Marke | | | | | [] | [h-CA[] | _ |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatior | n Fees |
| Mark S | Statemen | tree | | Total: | | | | | | |
| Payme | ent Detai | s: / | Amount Rece | ived: | Co | ollege Receipt | No. and Date: | | | |
| DD No | : | | | MICR No: | | DD Date: | | | Bank: | |
| Center | Prefere | nce (Code/N | ame): | | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| l reque declare | est permi e that all | statement m | ent myself fo ade in this ap | plication are true, o | ination. I have remitte complete and correct bed for the examination | to the best of n | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancer | | celea. | | | | | | | S | tudent's Signature |
| Declar | ation by | Principal/HC | D/Chairperso | on | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | me. The information s/she is regular studer | | | | | e. I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| A Contraction | | Το εχρία | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi zed Job Opportunities, Cor | http://mum.digitaluniv http://mum.digitaluniv College of Arts, Scie for Examination of S its)-Regular-Rev16-T. mpetitive Exams, Career Fail ersity.ac/. Activate your 'e-S | rersity.ac/ ence and Comm Summer Session .Y. B.ComSer irs etc click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suy | idha' accou | nt on | |
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| | PR | N: | Eligi | ibility Status: | Examination for 029403 | rm No.: | Division/Section: | Ro | oll No.: | |
| 20 |)170164(| 00843783 | | Eligible | | | А | | 46 | Andrapse |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Per | sonal Informati | on | | | |
| Studen | nt's Name | e: AKSH/ | ATA GAJANA | N KAPSE | | | Mother's Name: Al | PARNA | (| Gender: Female |
| Name | in Verna | cular Langua | age:marathi | | | | | | | |
| | dress: Room no 602,sadhafully buil no 5 chandanwadi sarovar darshan thane (w) | | | | | | | | | |
| City: th | ty: thane, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400602 | | | | | | | | | |
| | elephone no.: Mobile no: 918390098896 Email : akshatarani10@gmail.com | | | | | | | | | |
| | OOB: Mar 10, 2000 Category: Reserved (OBC) Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235849 (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 | | er Code | | | Paper Name | | | | | AM - AT |
| 1 | | 3001 | | | ng IX - Financial Acco | | | | Th-UA[] | |
| 2 | | 3007 | | | ng X - Cost Accountin | ıg | | | Th-UA[] | |
| 3 | | 3013 | Business Ec | | | | | | Th-UA [] | |
| 4 | | 3014 3015 | Commerce \ | ndirect Taxation Pap | | | | | Th-UA[] | |
| 6 | | 3013 3020 | | stems and Applicat | | | | | Th-CA [] Th-UA [] ;Th- | |
| | cation Fe | | Computer sy | Exam Form Late F | • | Exam Form | Super Late Fee | | Examination | |
| | Statemen | | | Total: | 66 | | | | | 1 665 |
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| Payme | ent Detail | ls: / | Amount Rece | ived: | Co | ollege Receipt | No. and Date: | | | |
| DD No | r: | | | MICR No: | | DD Date: | | | Bank: | |
| Center | Prefere | nce (Code/N | lame): | | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| I reque declare have g reques other g | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| | | | | | | | | | St | udent's Signature |
| This fo respon | orm is car nsibility o | refully scrution of fulfillment/r | rectification of | College staff and by | me. The information e/she is regular studer | | | | | e. I also undertake the ance and practical |
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| 0 | PR | N: | | ibility Status: | Examination for 029404 | m No.: | Division/Section: | _ | ll No.: 712 | 1 bbouilde |
| | | 00843802 | | Eligible | | | | | /12 | 1 |
| Instruc | ction Med | ium: | | | Chudantle Dave | | Nationality: | India | | |
| Stude | nt's Name | | A BHAVIK AS | | Student's Pers | sonal Informati | on Mother's Name: S | | | Gender: Male |
| | | | - | | | | Informer's Name. 3 | | EIN | |
| | | | - | भाविक अशोक | | | | | | |
| | ess: SALIYA STORES T7 ROAD NO. 9 BAIGAN WADI, GOVANDI | | | | | | | | | |
| - | y: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043 | | | | | | | | | |
| · · | elephone no.: Mobile no: 918779099813 Email : AMBIKA@GMAIL.COM | | | | | | | | | |
| | DOB: Dec 10, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236064 (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 | | r Code | ase select ra | | Paper Name | , | (SSESSITIENT, CA - CA | | essment) | AM - AT |
| 1 | | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | | | г | [h-UA [] | |
| 2 | | 007 | | | ng X - Cost Accountin | | | | [h-UA[] | |
| 3 | | 013 | Business Ec | | | 9 | | | [h-UA[] | |
| 4 | | 014 | Commerce \ | | | | | | [] | |
| 5 | 83 | 015 | Direct and Ir | direct Taxation Pag | per II | | | | [h-CA[] | |
| 6 | 83 | 023 | Investment A | Analysis and Portfol | io Management Paper | · | | г | [h-CA[] | |
| Convo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatio | on Fees |
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| - | ent Detai | s: / | Amount Rece | | Cc | llege Receipt | No. and Date: | | | |
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| | | nce (Code/N | , | | | | | | | |
| | | nce (Code/N | , | | | | | | | |
| | | | • | or the ensuing exam | ination. I have remitte | d the prescribe | ad fee for the same | l hereby | Place | e: Vidyavihar |
| declar | e that all | statement m | ade in this a | pplication are true, o | complete and correct t | o the best of n | ny knowledge and b | elief. I | Date | : |
| | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any | | | | | | | | | |
| other of | ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| cance | lled or rej | ected. | | | | | | | | Student's Signature |
| Declar | ration by | Principal/HC | D/Chairpers | on | | | | | - | 0 |
| This for respon | orm is car nsibility o | refully scruti f fulfillment/r | nized by the (ectification of | College staff and by | me. The information p e/she is regular studer | | | | | ge. I also undertake the dance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| 2 | | To explo | e your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T. npetitive Exams, Career Fairs arsity.ac. Activate your 'e-Si | rsity.ac/ ace and Comm ammer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' accou | nt on | |
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| 20 | PR 0170164 | N: 00843833 | - | bility Status: Eligible | 029405 | | Division/Section: B | | ll No.: 168 | Advension |
| Instruc | tion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Studer | nt's Name | : TASKH | IEDKAR ABH | IISHEK YOGESH | | | Mother's Name: A | RCHANA | . (| Gender: Male |
| Name | in Verna | cular Langua | age:तासखेडकर | ्योगेश अभिषेक | | | | | I | |
| | ddress: FLAT NO 2 RESHMANAND PARK TIDKE NAGAR OPP PRIYANKA PARK UNTAWADI | | | | | | | | | |
| | ty: NASHIK, Taluka: Nashik, District: Nashik, State: Maharashtra, PIN: 422009 | | | | | | | | | |
| , | elephone no.: Mobile no: 919421299702 Email : abhishek_taskhedkar@yahoo.com | | | | | | | | | |
| | ODB: Dec 02, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | us Lates | Examinatio | | m IV(Regular-Rev1) | 6) | Exam Even | t: Apr-2019 | | Seat No: 02 | 36188 (Status: Pass) |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | u want to appear (UA | - University A | ssessment,CA - Co | llege Ass | essment) | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditin | ng IX - Financial Acco | unting | | ٦ | [h-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accounting |] | | ר | [h-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | ר | [h-UA [] | |
| 4 | 83 | 014 | Commerce V | | | | | ٦ | [h-UA [] | |
| 5 | | 015 | | direct Taxation Pap | | | | | [h-CA [] | |
| 6 | | 029 | Elements of | Operational Resear | • | 1 | | | [h-CA [] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | i Fees |
| Mark S | Statemen | t⊦ee | | Total: | | | | | | |
| Payme | ent Detai | s: A | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
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| To, Th | e Contro | ller of Exami | nation, | | | | | | Place: | Vidyavihar |
| declare | e that all | statement m | ade in this ap | plication are true, o | ination. I have remitted complete and correct to ped for the examination | o the best of n | ny knowledge and be | elief. I | Date: | |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancel | led or rej | ected. | | | | | | | St | udent's Signature |
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| - | | | | S. K. Somaiya Application Form | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T. ¹ | <u>rsity.ac/</u> Ice and Comm Immer Session | nerce (540) n 2020 event. | | | |
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| 2 | PR 0170164 | | Eligi | bility Status: Eligible | Examination for 029406 | m No.: | Division/Section: | | ll No.: 20 | Reele |
| Instruc | ction Med | ium: | | 3 * * | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Stude | nt's Name | : CHAU | HAN POOJA | SWAMINATH | | | Mother's Name: U | RMILA | | Gender: Female |
| Name | ame in Vernacular Language:चौहान पूजा स्वामीनाथ | | | | | | | | | |
| | Adress: ROOM NO 2 MOHAN DEVI SARAN CHAWL TANK ROAD BHANDUP WEST | | | | | | | | | |
| | ddress: ROOM NO 2 MOHAN DEVI SARAN CHAWL TANK ROAD BHANDUP WEST ity: MUMBAI, Taluka: Kurla. District: Mumbai Suburban, State: Maharashtra, PIN: 400078 | | | | | | | | | |
| Telepł | none no.: | | , | Mobi | le no: 919167910948 | | Ema | il : 8108pc | ooja@gmail. | com |
| DOB: | DOB: May 29, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236258 (Status: Pass) | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Ass | essment) | 1 |
| SN | • | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | - | ng IX - Financial Acco | - | | | 'h-UA [] | |
| 2 | | 007 | | - | ng X - Cost Accounting |] | | | 'h-UA [] | |
| 3 4 | | 013 014 | Business Eco Commerce V | | | | | | 'h-UA [] 'h-UA [] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | 'h-CA[] | |
| 6 | | 020 | | stems and Applicat | | | | | 'h-UA [] ;Th- | -CA[] |
| Convo | cation Fe | e | | Exam Form Late F | | Exam Form | Super Late Fee | | Examination | |
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| - | ent Detai | s: / | Amount Rece | | Co | llege Receipt | No. and Date: | | | |
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| l reque declar | est permi e that all | ssion to pres statement m | sent myself fo ade in this ap | oplication are true, o | ination. I have remitted | o the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques | have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| cance | lied of rej | ected. | | | | | | | St | udent's Signature |
| Decla | ration by | Principal/HC | D/Chairperso | on | | | | | | |
| respoi | nsibility o | f fulfillment/r | ectification of | | me. The information p /she is regular studen | | | | | also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| A CONTRACTOR | ł | | | S. K. Somaiya Application Form | versity of Mumb http://mum.digitaluniv/ College of Arts, Scie for Examination of S | ersity.ac/ nce and Comm ummer Sessio | nerce (540) n 2020 event. | | | S | No. |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|-----------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------|----------------------|----------------|-----------------|----------|
| | | To explo | re your personaliz | ed Job Opportunities. Cor | ts)-Regular-Rev16-T. npetitive Exams, Career Fai ersity.ac/. Activate your 'e-S | rs etc., click on 'EAs | SY' link in vour 'e-Suv | <i>r</i> idha' accou | nt on | | |
| 20 | PR | N:)0843856 | Ĭ | bility Status: | Examination for 029407 | rm No.: | Division/Section: | | ll No.: 152 | Meghna | Kumor |
| - | tion Med | | Г | TOVISIONAL | | 10110 | Nationality: | India | 102 | | |
| Instruc | | ium. | | | Student's Per | sonal Informati | , | inuia | | | |
| Studen | nt's Name | · MEGH | | RANJIV KUMAR | Students reis | | Mother's Name: R | FFNA | | Gender: Femal | e |
| | | | age:मेघना क्म | | | | | | | | <u> </u> |
| | | - | - 0 | | levi Musekei | | | | | | |
| | ddress: 1701 B Wing, Bhoomi Paradise Sec 11, Sanpada Navi Mumbai ity: Navi Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400705 | | | | | | | | | | |
| | ielephone no.: Mobile no: 919820858504 Email : juhi.ghorpade@gmail.com | | | | | | | | | | |
| | DOB: Oct 18, 1998 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236245 (Status: Pass) | | | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | | |
| SN | | | | | | | | | | | |
| 1 | 83 | 001 | Financial Aco | counting and Auditin | ng IX - Financial Acco | ounting | | | [h-UA [] | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | g | | | [h-UA [] | | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | - | [h-UA [] | | |
| 4 | 83 | 014 | Commerce V | | | | | 1 | [h-UA [] | | |
| 5 | | 015 | | direct Taxation Pap | | | | | [h-CA [] | | |
| 6 | | 029 | Elements of | Operational Resear | • | 1 | | | [h-CA[] | _ | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatior | n Fees | |
| Mark S | statemen | tree | | Total: | | | | | | | |
| Payme | ent Detail | s: / | Amount Rece | ived: | Co | ollege Receipt | No. and Date: | | | | |
| DD No | : | I | | MICR No: | l | DD Date: | | | Bank: | | |
| Center | Prefere | nce (Code/N | ame): | • | | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | | |
| To, Th | e Contro | ller of Exam | nation, | | | | | | Place: | Vidyavihar | |
| declare | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct oed for the examination | to the best of n | ny knowledge and be | elief. I | Date: | | |
| reques other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
| cancei | ieu ol Tej | ecieu. | | | | | | | St | tudent's Signat | ure |
| Declar | ation by | Principal/HC | D/Chairperso | on | | | | | | | |
| respon | sibility o | f fulfillment/r | ectification of | | me. The information s/she is regular studer | | | | | | |
| Place: | | | | | _ | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | |

| 3 | | Το explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Cor | versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | sity.ac/ ce and Comm mmer Sessio ′. B.ComSer etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | idha' account | on | |
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| | PR | N: | Eligi | bility Status: | Examination form 029408 | | Division/Section: | Roll | No.: | 0190 |
| 2 | 01701640 | 00843906 | | Eligible | | | А | 6 | 9 | Ankita. |
| Instru | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Perse | onal Informati | on | | | |
| Stude | nt's Name | e: PANCI | HAL ANKITA | JAYANTILAL | | | Mother's Name: H | ANSA | 0 | Gender: Female |
| Name | in Verna | cular Langua | age:પંચાલ અં | કેતા જયંતીલાલ | | | | | | |
| Addre | ss: 104, c | om sudama g | gold, gograsw | adi, patharli road d | ombivali east | | | | | |
| City: c | y: dombivali, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 421201 | | | | | | | | | |
| Telepl | elephone no.: Mobile no: 918291237732 Email : panchalankita895@gmail.com | | | | | | | | | |
| DOB: | Jul 25, 20 | 000 | Cat | egory: Open | | Physically | Handicap: No | | | |
| Previo | ous Lates | t Examinatio | n Details: Ser | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | S | eat No: 023 | 36299 (Status: Pass) |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | | - | ng IX - Financial Accou | - | | Th | -UA[] | |
| 2 | 83 | 007 | Financial Acc | counting and Auditi | ng X - Cost Accounting | | | Th | -UA[] | |
| 3 | | 013 | Business Eco | onomics VI | | | | | -UA[] | |
| 4 | | 014 | Commerce V | | | | | | -UA[] | |
| 5 | 83 | 015 | | direct Taxation Pap | | | | | -CA[] | |
| 6 | | 020 | Computer sy | stems and Applicat | • | 1 | | ' | -UA [] ;Th- | |
| | ocation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | xamination | Fees |
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| Paym | ent Detail | s: / | Amount Recei | ived: | Col | lege Receipt | No. and Date: | | | |
| DD No |) : | | | MICR No: | · | DD Date: | | Ba | ank: | |
| Cente | r Preferei | nce (Code/N | ame): | | | | | • | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, Tł | ne Contro | ller of Exam | ination, | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this ap | plication are true, o | ination. I have remitted complete and correct to bed for the examination | the best of n | ny knowledge and be | elief. I | Date: | |
| reque other | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | lied or rej | ected. | | | | | | | St | udent's Signature |
| | - | - | D/Chairperso | | | | | | | |
| respo | nsibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular student | | | | | |
| Place | : | | | | _ | | | | | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| and | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Scien for Examination of Si ts)-Regular-Rev16-T. npetitive Exams, Career Fair ersity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Sessio Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' account | ton | |
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| | PR | N: | | ibility Status: | Examination for 029409 | m No.: | Division/Section: | _ | l No.: | $\mathbb{Q}/$ |
| 2 | 0170164 | 00843937 | | Eligible | | | F | 6 | 43 | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | sonal Informati | - | | | |
| | nt's Name | | IYUSH VINO | | | | Mother's Name: Al | NJU | (| Gender: Male |
| Name | in Verna | cular Langua | age:जैन पियुष | । विनोद | | | | | | |
| Addre | ss: 5/1, S | ONAWANE | CHAWL, HA | RIYALI VILLAGE, T | AGORE NAGAR, | | | | | |
| City: N | ity: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083 | | | | | | | | | |
| Telepł | elephone no.: Mobile no: 919702152646 Email : JAINPIYUSH9702@GMAIL.COM | | | | | | | | | |
| - | DOB: Jul 20, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235814 (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 | | r Code | Financial As | a subting and Auditi | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ng IX - Financial Acco | | | | h-UA [] | |
| 2 | | 007 | Business Ec | - | ng X - Cost Accountin | y | | | h-UA [] h-UA [] | |
| 4 | | 014 | Commerce \ | | | | | | h-UA[] | |
| 5 | | 015 | | ndirect Taxation Pap | or II | | | | h-CA[] | |
| 6 | | 023 | | • | o Management Pape | r II | | | h-CA[] | |
| - | cation Fe | | investment / | Exam Form Late F | . . | | Super Late Fee | ' | Examination | Fees |
| | Statemen | | | Total: | | | | | | |
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| Paymo | ent Detai | s: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
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| | | nce (Code/N | , | | | | | | | |
| l reque declar | o, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby eclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | Vidyavihar | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| | | | | | | | | | St | udent's Signature |
| This for respon | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information s/she is regular studer | | | | | e. I also undertake the ance and practical |
| Place: | | () u | | , | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi and Job Opportunities, Cor | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T.` npetitive Exams, Career Factor arsity.ac.'. Activate your 'e-S | rsitv.ac/ nce and Comm ummer Sessio Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | vidha' accoun | ton | |
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| | PR | N: | Eliai | bility Status: | Examination for | | Division/Section: | Rol | l No.: | 10 |
| 20 | 0170164 | 00843961 | 5 | Eligible | 029410 | | С | 3 | 801 | Sangary |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Studer | nt's Name | e: GUPT/ | A SANJANA I | DHARMENDRA | | | Mother's Name: T | ARA | (| Gender: Female |
| Name | in Verna | cular Langua | age:गुप्ता संज | जना धर्मेंद्र | | | | | | |
| Addres | ss: NEAF | R SHIVAJI C | HOK 290\3 | PARAD CHAWLA (| S.S.T. ROAD KURLA | (W) | | | | |
| City: N | y: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070 | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 918108895568 Email : shubham8766@gmail.com | | | | | | | | | |
| DOB: 、 | OB: Jul 29, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235777 (Status: Pass) | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | | - | ng IX - Financial Acco | | | | h-UA [] | |
| 2 | | 007 | | - | ng X - Cost Accounting | g | | | h-UA [] | |
| 3 | | 013 | Business Ec | | | | | | h-UA [] | |
| 4 | | 014 | Commerce \ | | | | | | h-UA[] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | h-CA[] | |
| 6 | cation Fe | 016 | Export Marke | eting Paper II | · | | Super Lete Fee | | h-CA[] | |
| | Statemen | | | Total: | ee | | Super Late Fee | | Examination | rees |
| Wark C | Jatemen | | | Total. | | | | | | |
| Payme | ent Detai | ls: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
| DD No |): | | | MICR No: | | DD Date: | | В | Bank: | |
| Center | Prefere | nce (Code/N | ame): | | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| l reque declare | , The Controller of Examination, equest permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby clare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ve gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| | - | | | | | | | | St | udent's Signature |
| This for respor | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information p s/she is regular studen | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Sciel for Examination of S ts)-Regular-Rev16-T. npetitive Exams, Career Fail ersity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' accou | nt on | | |
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| | PR | | Ŭ | bility Status: | Examination for 029411 | - | Division/Section: | - | ll No.: | Light | |
| 20 | 0170164 | 00844001 | | Eligible | | | С | | 274 | | |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | | |
| | | | | | Student's Pers | sonal Informati | - | | | | |
| | nt's Name | | E RUSHIKES | | | | Mother's Name: SA | ARITA | (| Gender: Male | |
| | | - | age:गाडगे ऋषि | | | | | | | | |
| | | :: 1/4, CHANDRABAI NIWAS NEHRU NAGAR KANJURMARG EAST | | | | | | | | | |
| | r: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400042 | | | | | | | | | | |
| <u> </u> | ephone no.: Mobile no: 918652539173 Email : gadgerushikesh11@gmail.com | | | | | | | | | | |
| | DB: Dec 17, 1999 Category: Open Physically Handicap: No | | | | | | | | | | |
| | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235726 (Status: ATKT) | | | | | | | | | | |
| | xam form appearance type: Fresher aper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | | |
| SN | | r Code | | per details which ye | Paper Name | , | (3363511611,CA - CO | | essment) | AM - AT | |
| 1 | | 001 | Financial Aco | counting and Auditi | ng IX - Financial Acco | | | | [h-UA [] | | |
| 2 | | 007 | | - | ng X - Cost Accountin | - | | | [h-UA[] | | |
| 3 | 83 | 013 | Business Eco | | | • | | г | [h-UA [] | | |
| 4 | 83 | 014 | Commerce V | / | | | | Т | [h-UA [] | | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | г | [h-CA[] | | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | Т | [h-CA[] | | |
| Convo | cation Fe | ee | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees | |
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| Payme | ent Detai | le. 1 | Amount Recei | ived: | C | ollege Receipt | No. and Date [.] | | | | |
| DD No | | , | | MICR No: | | DD Date: | | | Bank: | | |
| Center | Prefere | nce (Code/N | ame): | | | | | | - | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | | |
| l reque declare | est permi e that all | statement m | sent myself fo ade in this ap | plication are true, o | ination. I have remitte complete and correct | to the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar | |
| reques other g | quest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ner ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ncelled or rejected. | | | | | | | | | | |
| | | | | | | | | | St | udent's Signature | |
| This for respor | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information //she is regular studer | | | | | . I also undertake the ance and practical | |
| Place: | | | | | _ | | | | | | |
| Date: | te: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | |

| 3 | | Το explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Con | Nersity of Mumb http://mum.digitalunive College of Arts, Scien for Examination of Si its)-Regular-Rev16-T. mpetitive Exams, Career Fal | arsity.ac/ nce and Comm ummer Session Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Sun | ridha' accou | nt on | |
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| | PR | N: | Eligi | http://mum.digitaluniv bility Status: | ersity.ac/. Activate your 'e-S Examination for 029412 | | d login todayl Division/Section: | Ro | oll No.: | 55.00 |
| 20 | 0170164 | 00844024 | | Eligible | | | С | | 285 | FORAM |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | sonal Informati | on | | | |
| Studer | nt's Name | e: GAND | HI FORAM R | AJESH | | | Mother's Name: S | MITA | | Gender: Female |
| Name | in Verna | cular Langua | age:गांधी फॉर्म | राजेश | | | · | | | |
| Addres | ss: ROOI | M NO 301 R | AM GANESH | GADHKARI PATH | NEAR C.K.P. HALL | | | | | |
| City: D | DOMBIVALI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201 | | | | | | | | | |
| Telepł | elephone no.: Mobile no: 917045739985 Email : GANDHIFORAM28@GMAIL.COM | | | | | | | | | |
| DOB: | OB: Jun 28, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235741 (Status: Pass) | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name |) | | | | AM - AT |
| 1 | 83 | 001 | | - | ng IX - Financial Acco | - | | ٦ | [] [] [h-UA | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | g | | ٦ | [h-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | ٦ | [h-UA [] | |
| 4 | | 014 | Commerce V | - | | | | | [h-UA [] | |
| 5 | | 015 | | direct Taxation Pap | ber II | | | | [h-CA[] | |
| 6 | | 016 | Export Marke | | _ | 1 | | | [h-CA[] | _ |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | 1 Fees |
| Mark S | Statemen | tree | | Total: | | | | | | |
| Payme | ent Detai | s: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
| DD No | D: | | | MICR No: | | DD Date: | | | Bank: | |
| Center | r Prefere | nce (Code/N | ame): | I | | 1 | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| l reque declar | est permi e that all | statement m | ent myself fo ade in this ap | oplication are true, o | ination. I have remitte complete and correct t | the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | | | | | | | | s | tudent's Signature |
| Declar | ration by | Principal/HC | D/Chairperso | on | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | me. The information e/she is regular studer | | | | | e. I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | То ехріо | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | iversity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su its)-Regular-Rev16-T. mpetitive Exams, Career Fair rersity.ac/. Activate your 'e-Si | ersity.ac/ nce and Comm ummer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' accou | unt on | | |
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| | | | | | ersity.ac/. Activate your 'e-S Examination for | | | | - '' NI | 201 | |
| 2 | PR 0170164 | (N: 00844047 | Ŭ, | ibility Status: Eligible | 029413 | | Division/Section: F | | oll No.: 631 | G. Gusta | |
| Instru | ction Med | Jium: | | Į | | | Nationality: | India | | | |
| | | | | | Student's Pers | sonal Informati | on | | | | |
| Stude | nt's Name | e: GUPT/ | A GEETA RAI | MJIYAWAN | | | Mother's Name: SI | JSHILA | | Gender: Female | |
| Name | in Verna | cular Langua | age:GUPTA (| GEETA RAMJIYAW | /AN | | · | | | | |
| Addre | ss: 2/17 l | ilabai chawl | sahyadri nag | ar quarry road, bha | ndup west | | | | | | |
| City: n | numbai, 7 | umbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078 | | | | | | | | | |
| Telepl | ephone no.: Mobile no: 917506850724 Email : guptageeta750@gmail.com | | | | | | | | | | |
| DOB: | B: Jul 11, 1999 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previo | vious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235773 (Status: Pass) | | | | | | | | | | |
| Exam | am form appearance type: Fresher | | | | | | | | | | |
| Paper | per Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | | |
| SN | | er Code | ļ | | Paper Name | ! | | | | AM - AT | |
| 1 | 83 | 3001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | unting | | , | Th-UA [] | | |
| 2 | 83 | 3007 | Financial Ac | counting and Auditi | ng X - Cost Accountine | g | | , | Th-UA [] | | |
| 3 | 83 | 3013 | Business Ec | onomics VI | | | | 1 | Th-UA [] | | |
| 4 | 83 | 3014 | Commerce V | / | | | | | Th-UA [] | | |
| 5 | 83 | 3015 | Direct and In | ndirect Taxation Pap | ber II | | | | Th-CA [] | | |
| 6 | 83 | 3023 | Investment A | Analysis and Portfol | io Management Paper | r II | | | Th-CA[] | | |
| Convo | ocation Fe | ее | | Exam Form Late F | -ee | Exam Form | Super Late Fee | | Examinatio | n Fees | |
| Mark | Statemen | it Fee | | Total: | | | | | | | |
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| | | oller of Exami | | | | | | | | | |
| l requ declar have g | est permi re that all gone thro | ission to pres statement m ough the sylla | sent myself fo hade in this ap abus and the l | pplication are true, of list of books prescril | nination. I have remitted complete and correct to bed for the examinatio | o the best of m on for which I a | ny knowledge and be im appearing. I shall | elief. I not | Place Date: | : Vidyavihar | |
| | quest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ner ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | | |
| | ncelled or rejected. Student's Signature | | | | | | | | | | |
| Decla | ration by | Principal/HC | D/Chairperso | on | | | | | | | |
| This for respo | orm is can nsibility o | refully scrution of fulfillment/r | nized by the C rectification of | College staff and by | r me. The information p e/she is regular studen | | | | | e. I also undertake the dance and practical | |
| Place | : | | | | | | | | | | |
| Date: | | | | | | | | | | | |

| | | To explo | e your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs arsity.ac/. Activate your 'e-Su | <u>sity.ac/</u> ce and Comn mmer Sessio ′. B.ComSei | nerce (540) n 2020 event. n VI [2C00146] | ridha' accou | int on | |
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| | PR | | | bility Status: | Examination forr 029414 | | Division/Section: | Ro | oll No.: | |
| 201 | 1701640 | 00844063 | | Eligible | | | D | | 387 | a Dustro. |
| Instruct | ion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Perse | onal Informati | on | | | |
| Student | t's Name | e: NAGPI | JRWALA HA | TIMALI ABID | | | Mother's Name: SI | HAKIRA | | Gender: Male |
| Name ir | n Verna | cular Langua | age:नागपुरवाल | ा हतिमालि आबिद | | | | | | |
| Address | s: BLD 9 | 8/2789 KAI | NAMWAR N | IAGAR-2 VIKHROL | I(E) | | | | | |
| City: Ml | y: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083 | | | | | | | | | |
| Telepho | lephone no.: Mobile no: 918655797053 Email : HATIMNAGPURWALA52@GMAIL.COM | | | | | | | | | |
| DOB: M | OB: Mar 20, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235934 (Status: Pass) | | | | | | | | | |
| Exam fo | Exam form appearance type: Fresher | | | | | | | | | |
| Paper D | aper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ng IX - Financial Accou | | | | Th-UA [] | |
| 2 | | 007 | | - | ng X - Cost Accounting | | | | Th-UA[] | |
| 3 | | 013 | Business Ec | | | | | | Th-UA[] | |
| 4 5 | | 014 015 | Commerce V | | or II | | | | Th-UA[] | |
| 6 | | 015 | | direct Taxation Pap eting Paper II | | | | | Th-CA [] Th-CA [] | |
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| Mark St | | | | Total: | | | | | Examination | 11003 |
| | | | | - otali | | | | | | |
| Paymer | nt Detail | s: / | Amount Rece | ived: | Col | lege Receipt | No. and Date: | | | |
| DD No: | | | | MICR No: | | DD Date: | | | Bank: | |
| Center | Prefere | nce (Code/N | ame): | | | | | | | |
| | | nce (Code/N | , | | | | | | | |
| l reques declare have go | b, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby eclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | | |
| other gr | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| | | | | | | | | | St | udent's Signature |
| This for response | m is cai sibility o | efully scrutir f fulfillment/r | ectification of | College staff and by | me. The information p //she is regular studen | | | | | |
| Place: | | | | | | | | | | |
| Date: | te: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | Το explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Cor | versity of Mumb http://mum.digitalunive College of Arts, Scien for Examination of Se ts)-Regular-Rev16-T. npetitive Exams, Career Fail presity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Session Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | ridha' accour | nt on | |
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| 24 | PR | N: 00844086 | Ŭ Ŭ | bility Status: | Examination for 029415 | m No.: | Division/Section: | _ | ll No.: 141 | Sarus Hajirnis |
| | | | | Eligible | | | | | 1 - 1 | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| Ctudo | nt's Name | | NIS SARAS A | | Student's Pers | sonal Informati | on Mother's Name: K | | | Gender: Male |
| | | | | | | | | ALPANA | | |
| | | | • | स।रस आशिष | | | | | | |
| | dress: 501, ROYALE, ASHAR RESIDENCY, GLADY ALVARIS ROAD OFF POKHRAN RD. NO 2, THANE (W) | | | | | | | | | |
| | ity: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400610 | | | | | | | | | |
| | elephone no.: 21718025 Mobile no: 917506292060 Email : saras.hajirnis@gmail.com | | | | | | | | | |
| | DOB: Sep 23, 1999 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236270 (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 | | | | | | | | | | |
| 1 | | 001 | Financial Ac | counting and Auditin | ng IX - Financial Acco | | | Т | ĥ-UA [] | |
| 2 | 83 | 007 | | | ng X - Cost Accountin | - | | | 'h-UA [] | |
| 3 | 83 | 013 | Business Ec | - | | • | | Т | 'h-UA [] | |
| 4 | 83 | 014 | Commerce V | /I | | | | Т | 'h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | Т | [h-CA [] | |
| 6 | 83 | 029 | Elements of | Operational Resear | ch Paper II | | | Т | ⁻ h-CA[] | |
| Convo | cation Fe | ee | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatior | Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
| Davm | ent Detai | le: / | Amount Rece | ived: | C | llege Receipt | No. and Date: | | | |
| DD No | | . / | | MICR No: | | DD Date: | No. and Date. | F | Bank: | |
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| | | ller of Exam | , | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct to bed for the examination | o the best of m | ny knowledge and be | elief. I | Date: | |
| reques | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | lied of rej | ected. | | | | | | | St | udent's Signature |
| Declar | ration by | Principal/HC | D/Chairperso | on | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | me. The information /she is regular studer | | | | | e. I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| A CONTRACTOR | 4 | | | S. K. Somaiya Application Form | http://mum.digitaluniv College of Arts, Scie for Examination of S its)-Regular-Rev16-T | ersity.ac/ nce and Comm ummer Session | nerce (540) n 2020 event. | | | |
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| | | To explo | re your personaliz | ed Job Opportunities, Cor http://mum.digitaluniv | mpetitive Exams, Career Fai ersity.ac/. Activate your 'e- | rs etc., click on 'EAS Suvidha' account an | SY' link in your 'e-Suv d login today! | vidha' accou | int on | |
| 20 | PR | N:)0844113 | Ŭ, | bility Status: Eligible | Examination fo 029416 | | Division/Section: A | | oll No.: 117 | Fende |
| - | tion Med | | | Liigible | | | Nationality: | India | | |
| Instruct | | ium. | | | Student's Per | sonal Informati | , | Inula | | |
| Studen | t's Name | | TEJASHRE | E YASHWANT | Olddents i ei | | Mother's Name: S | HEETAI | | Gender: Female |
| | | | age:तेजश्री यश | | | | | | | |
| | | • | • | - | | | | | | |
| | Idress: B-301, SHREE SWAMI SAMRTH, CHS KOPARGAON, KOPARROAD, DOMBIVALI(WEST) ty: MUMBAI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202 | | | | | | | | | |
| - | ielephone no.: Mobile no: 917208708005 Email : tejashreezende@gmail.com | | | | | | | | | |
| | DOB: Feb 26, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236339 (Status: Pass) | | | | | | | | | |
| Exam f | Exam form appearance type: Fresher | | | | | | | | | |
| Paper I | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | e | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | ounting | | | Th-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountir | g | | | Th-UA [] | |
| 3 | | 013 | Business Ec | | | | | | Th-UA [] | |
| 4 | | 014 | Commerce V | - | | | | | Th-UA [] | |
| 5 | | 015 | | direct Taxation Pap | | | | | Th-CA[] | |
| 6 | | 020 | Computer sy | stems and Applicat | | | | | Th-UA [] ;Th | |
| | cation Fe | | | Exam Form Late F | -ee | Exam Form | Super Late Fee | | Examinatio | n Fees |
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| Payme | nt Detail | s: / | Amount Rece | ived: | C | ollege Receipt | No. and Date: | | | |
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| Center | Prefere | nce (Code/N | ame): | | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| l reque | st permi | | sent myself fo | | ination. I have remitte complete and correct | | | | Place: Date: | Vidyavihar |
| request | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| | ed or rej | | | | - | | | | s | tudent's Signature |
| Declara | ation by | Principal/HC | D/Chairperso | on | | | | | | - |
| respon | sibility o | f fulfillment/r | ectification of | | me. The information e/she is regular stude | | | | | e. I also undertake the lance and practical |
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| | | To coole | | S. K. Somaiya Application Form B.Com.(with Cred | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T. | ersity.ac/ nce and Comm ummer Sessio Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | | | |
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| | | i o expio | re your personaliz | http://mum.digitaluniv | npetitive Exams, Career Fair ersity.ac/. Activate your 'e-S | | d login today! | 'e-Suvidha' acco | unton | |
| | PR | N: | Eligi | bility Status: | Examination for 029417 | m No.: | Division/Sectio | n: R | oll No.: | Furnawat |
| 201 | 701640 | 0844136 | | Eligible | | | D | | 370 | Deconation |
| Instructi | on Med | ium: | - | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Student' | 's Name | E KUMA | WAT NAREN | DRA MADURAM | | | Mother's Nam | e: SAROJ | | Gender: Male |
| Name in | Verna | cular Langua | age:कुमावत न | ारेंद्र माड्राम | | | | | | |
| Address | s: 304, A | NIL NIWAS | , KISAN NAG | GAR NO 3 ROAD I | NO 16 WAGLE ESTA | ΓE | | | | |
| City: TH | ity: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604 | | | | | | | | | |
| Telepho | elephone no.: Mobile no: 919821521051 Email : narendarkumavat64@gmail.com | | | | | | | | | |
| DOB: Ap | DOB: Apr 07, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previous | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236286 (Status: Pass) | | | | | | | | | |
| Exam fo | Exam form appearance type: Fresher | | | | | | | | | |
| <u> </u> | Paper Details: Please select Paper details which you want to appear (UA - University Assessment CA - College Assessment) | | | | | | | | | |
| SN | • | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | °, | ng IX - Financial Acco | • | | | Th-UA[] | |
| 2 | | 007 | | - | ng X - Cost Accountin | g | | | Th-UA[] | |
| 3 | | 013 014 | Business Ec | | | | | | Th-UA [] | |
| 4 5 | | 014 | Commerce \ | direct Taxation Par | or II | | | | Th-UA [] Th-CA [] | |
| 6 | | 015 | | eting Paper II | | | | | Th-CA[] | |
| Convoca | | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatio | n Fees |
| Mark Sta | | - | | Total: | | Examination | | | | |
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| Paymen | t Detail | s: / | Amount Rece | | Co | llege Receipt | No. and Date: | | 1 | |
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| | | ice (Code/N | | | | | | | | |
| l reques declare have go | o, The Controller of Examination, Place: Vidyavihar request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby eclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not Place: Vidyavihar | | | | | | | | : Vidyavihar | |
| other gro | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| | | | | | | | | | S | Student's Signature |
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| Date: | tte: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

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| | PR | N: | | ibility Status: | Examination for 029418 | rm No.: | Division/Section: | - | l No.: 612 | Technology |
| | | 00844152 | | Eligible | | | | | 12 | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| Chuda | atta Nama | | | | Student's Per | sonal Informati | - | | | Dandam Famala |
| | nt's Name | | GE TEJASW | | | | Mother's Name: SA | ANGITA | | Gender: Female |
| | | | age:चोरगे तेज | | | | | | | |
| | | | | | VI COLONY, DIVA E | AST THANE-4 | 00612 | | | |
| - | y: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400612 | | | | | | | | | |
| | elephone no.: Mobile no: 918425830602 Email : tejaswinichorge@gmail.com | | | | | | | | | |
| | IOB: May 03, 1999 Category: Open Physically Handicap: No revious Latest Examination Details: Sem IV/Regular Rev16) Exam Event: Apr. 2019 Seat No: 0236262 (Status: Pass) | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236262 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| SN | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) SN Paper Code Paper Name AM - AT | | | | | | | | | |
| 1 | | 6001 | Financial Ac | counting and Auditi | Paper Name | | | т | h-UA [] | |
| 2 | | 6007 6007 | | - | ng X - Cost Accountin | - | | | h-UA[] | |
| 3 | | 013 | Business Ec | | | 9 | | | h-UA[] | |
| 4 | | 6014 | Commerce \ | | | | | | h-UA[] | |
| 5 | | 015 | | direct Taxation Pag | er II | | | | h-CA[] | |
| 6 | 83 | 023 | | • | io Management Pape | r II | | | h-CA[] | |
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| reques | quest for any special concession such as change in time or day fixed for university Examination etc. on religious or any her ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be incelled or rejected. | | | | | | | | | |
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| Place: | | | | | _ | | | | | |
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| | | To explo | re your personaliz | zed Job Opportunities, Co | ts)-Regular-Rev16-T.\ npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Si | etc., click on 'EAS | SY' link in your 'e-Suv | idha' accoun | t on | |
| 0 | PR | | Elig | ibility Status: | Examination for 029419 | | Division/Section: | | l No.: 9 | Acherta |
| | | 00844217 | | Eligible | | | A | | 5 | Ame |
| Instruc | ction Med | ium: | | | Student's Pers | anal Informati | Nationality: | India | | |
| Stude | nt's Name | | GRE AISHW/ | | Student's Pers | onal mormau | Mother's Name: M | | | Gender: Female |
| | | | | | | | | | | |
| | | | age:भांगरे ऐश्व | | | | | | | |
| | Address: 41 VISHWANATH JADHAV CHAWL GOLIBAR, GANESH MAIDAN GHATKOPAR WEST | | | | | | | | | |
| - | City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086 | | | | | | | | | |
| | Telephone no.: Mobile no: 919967297851 Email : anilbhangre20@gmail.com DOB: Nov 14, 1999 Category: Reserved (OBC) Physically Handicap: No | | | | | | | | | |
| | , | | | U | , | _ <u>_</u> | • | | Soot No: 02 | 36254 (Status: Dass) |
| | Image: Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236254 (Status: Pass) Exam form appearance type: Fresher Seat No: 0236254 (Status: Pass) | | | | | | | | | |
| | 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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| 1 | • | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | unting | | Т | h-UA [] | |
| 2 | 83 | 007 | | - | ng X - Cost Accounting | - | | | h-UA[] | |
| 3 | 83 | 013 | Business Ec | - | | | | Т | h-UA [] | |
| 4 | 83 | 014 | Commerce \ | VI | | | | Т | h-UA[] | |
| 5 | 83 | 015 | Direct and Ir | ndirect Taxation Pap | er II | | | Т | h-CA[] | |
| 6 | 83 | 020 | Computer sy | stems and Applicat | ions Paper II | | | T | h-UA [] ;Th- | -CA[] |
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| Instruc | ction Med | Jium: | | | | | Nationality: | India | | |
| _ | | | | | Student's Per | sonal Informati | on | | | |
| Studer | nt's Name | e: BHOJ | ASHUTOSH [| DINESH | | | Mother's Name: NI | RMALA | | Gender: Male |
| | | · · · | age:GUJARA | | | | | | | |
| | Address: 305/SAI DARSHAN BLDG ANAND NAGAR DINDAYAL ROAD DOMBIVALI WEST | | | | | | | | | |
| - | City: DOMBIVALI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202 | | | | | | | | | |
| · · | Telephone no.: Mobile no: 917977140273 Email : bhojashutosh4@gmail.com | | | | | | | | | |
| | OOB: Jun 11, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236256 (Status: Pass) | | | | | | | | | |
| | 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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| 2 | | 3013 | Business Eco | | | iy | | | Th-UA[] | |
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| l reque declare have g reques other g | 'o, The Controller of Examination, Place: Vidyavihar request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any there ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. Vidyavihar | | | | | | | | | |
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| and a second | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Cor | versity of Mumba http://mum.digitaluniver College of Arts, Scient for Examination of Su ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs | sity.ac/ ce and Comm mmer Sessio ′. B.ComSer etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Sur | vidha' accouni | ton | |
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| 21 | PR 0170164 | N: 00844272 | Ŭ Ŭ | bility Status: Eligible | Examination forn 029421 | | Division/Section: C | | l No.: 207 | mbetrave |
| | ction Med | | | g | | | Nationality: | India | | |
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| Stude | nt's Name | e: AMBEI | | SURESH | | | Mother's Name: S | UVARNA | 0 | Gender: Female |
| | | | age:आंबेकर प | | | | | | | |
| | | | - | 3 | | | | | | |
| | ddress: ROOM NO 11 KAJU DIKADI GANESH NAGAR GANAJAN HOUSING SOCIETY MANKATRAM PETROL PUMP BHANDHUP ty: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078 | | | | | | | | | |
| - | ty: MOMBAI, Taluka: Mumbai, District: Mumbai City, State: Manarashtra, PIN: 400078 elephone no.: Mobile no: 919920870557 Email : cartoonpayal@gmail.com | | | | | | | | | |
| | ODB: Aug 04, 2000 Category: Reserved (OBC) Physically Handicap: No | | | | | | | | | |
| | • | | | m IV(Regular-Rev1) | , | Exam Even | • | 5 | Seat No: 023 | 35602 (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 | | r Code | | | Paper Name | · · · · | | | | AM - AT |
| 1 | | | | | | | | | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accounting | l | | TI | h-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Tł | h-UA [] | |
| 4 | 83 | 014 | Commerce \ | /I | | | | TI | h-UA[] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | TI | h-CA[] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | TI | h-CA [] | |
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| reques | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p /she is regular student | | | | | |
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| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | on | | | |
| Studer | nt's Name | e: SANGI | HAVI MIKSHA | LALIT | | | Mother's Name: J | OTSNA | C | Gender: Female |
| Name | in Verna | cular Langua | age:મિક્ષ | | | | | | | |
| Addres | Address: 1/c, 151,15th floor kalpataru aura opp. R City mall | | | | | | | | | |
| City: N | City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086 | | | | | | | | | |
| Teleph | Felephone no.: Mobile no: 917303686203 Email : mikshasanghvi355@gmail.com | | | | | | | | | |
| DOB: | DOB: May 23, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236070 (Status: ATKT) | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | Financial Acc | counting and Audi | ting IX - Financial Accou | nting | | Th- | UA[] | |
| 2 | 83 | 007 | Financial Acc | counting and Audi | ting X - Cost Accounting | | | Th- | UA[] | |
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| 6 | | 016 | Export Marke | <u> </u> | - | | <u> </u> | I | CA[] | _ |
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| declar | e that all | statement m | ade in this ap | plication are true, | nination. I have remitted complete and correct to ribed for the examination | the best of n | ny knowledge and be | elief. I | Date: | |
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| | | 00844314 | | Eligible | | | E | | 515 | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| Ctuda | nt'o Nom | | | | Student's Per | sonal Informati | - | | | Candari Mala |
| | nt's Name | | | | | | Mother's Name: S | UREKHA | | Gender: Male |
| | | - | age:शेठ नमन | - | | | | | | |
| | ddress: 2/203/204 MORAR BAUG R.B. MEHTA MARG GHATKOPAR [EAST] | | | | | | | | | |
| | ity: MUMBAI, Taluka: KURLA, District: Mumbai Suburban, State: Maharashtra, PIN: 400077 | | | | | | | | | |
| | elephone no.: Mobile no: 919892073492 Email : NAMANSHETH17@GMAIL.COM | | | | | | | | | |
| | ODB: Sep 17, 1999 Category: Open Physically Handicap: No Vrevious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236144 (Status: Pass) | | | | | | | | | |
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| l reque | est permi | | ent myself fo | | ination. I have remitte | | | | Place: Date: | Vidyavihar |
| have g reques | leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
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| | nt's Nam | | | | | | Mother's Name: R | AKSHAN | IDA | Gender: Female |
| | | | age:जेमिका रप | | | | | | | |
| | ddress: Rm No-3, Radhabai Patil Chawl, Janta Society Marg, Pantnagar Ghatkopar(east) | | | | | | | | | |
| - | Sity: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077 | | | | | | | | | |
| | Telephone no.: Mobile no: 919870419656 Email : jemikatandel2604@gmail.com DOB: Apr 26, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236186 (Status: Pass) | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| | Details: | | | per details which yo | u want to appear (U | A - University A | ssessment,CA - Co | llege Ass | sessment) | |
| SN | Pape | r Code | , | | Paper Name |) | | | | AM - AT |
| 1 | 83 | 6001 | Financial Ac | counting and Auditir | ng IX - Financial Acco | ounting | | - | Th-UA [] | |
| 2 | 83 | 6007 | Financial Ac | counting and Auditir | ng X - Cost Accountin | g | | - | Th-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | | Th-UA [] | |
| 4 | | 014 | Commerce V | | | | | | Th-UA [] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | Th-CA [] | |
| 6 | | 016 | Export Marke | | | | | | Th-CA[] | _ |
| | Statemen | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatio | n Fees |
| Mark | Statemen | l ree | | Total: | | | | | | |
| Paym | ent Detai | ls: / | Amount Rece | ived: | Co | ollege Receipt | No. and Date: | | | |
| DD No | D: | | | MICR No: | · | DD Date: | | | Bank: | |
| Cente | r Prefere | nce (Code/N | ame): | | | | | | | |
| Venue | Prefere | nce (Code/N | ame): | | | | | | | |
| l reque declar | Fo, The Controller of Examination, Place: Vidyavihar request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby Place: Vidyavihar declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I Date: Date: ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not Shall not Date: | | | | | | | | : Vidyavihar | |
| other | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| | | | | | | | | | 5 | Student's Signature |
| This for respon | orm is ca nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information /she is regular stude | | | | | e. I also undertake the dance and practical |
| Place: | | | | | - | | | | _ | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Cor | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T. npetitive Exams, Career Fair prostity.ac/. Activate your 'e-S | nsity.ac/ Ince and Comm ummer Session Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | ridha' accou | nt on | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------|-----------------|-----------------------------------------------|
| | PR | N: | Eligi | bility Status: | Examination for 029425 | m No.: | Division/Section: | Ro | oll No.: | Malaampe . |
| 20 | 0170164 | 00844353 | | Eligible | | | D | | 390 | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| | nt's Name | | VADE DEEPI | | | | Mother's Name: SI | JNITA | | Gender: Female |
| Name | in Verna | cular Langua | age:नलावडे दी | पिका सुनील | | | | | | |
| Addres | Iress: NEAR DATT MANDIR, PANCHASHIL NAGAR ROOM NO-53, KHANDOBA TEKADI GOLIBAR ROAD, GHATKOPAR WEST, MUMBAI | | | | | | | | | |
| City: N | /: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086 | | | | | | | | | |
| Telepł | elephone no.: Mobile no: 919920849592 Email : deepikanalawade07101999@gmail.com | | | | | | | | | |
| | OB: Oct 07, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235937 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| <u> </u> | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN 1 | | r Code 001 | Financial Ac | ounting and Auditir | Paper Name | | | - | Th-UA[] | AM - AT |
| 2 | | 007 | | | ng X - Cost Accountin | | | | Th-UA [] | |
| 3 | | 013 | Business Ec | - | | 9 | | | Th-UA[] | |
| 4 | | 014 | Commerce V | | | | | | Th-UA[] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | Th-CA[] | |
| 6 | 83 | 016 | Export Marke | • | | | | | Th-CA [] | |
| Convo | cation Fe | e | · | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | i Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
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| | ent Detai | s: / | Amount Rece | | Cc | llege Receipt | No. and Date: | | | |
| DD No | | | | MICR No: | | DD Date: | | | Bank: | |
| | | nce (Code/N | , | | | | | | | |
| | | nce (Code/N ller of Exam | , | | | | | | Disco | |
| l reque declar | est permi e that all | ssion to pres statement m | ent myself fo ade in this ap | plication are true, c | ination. I have remitte complete and correct t bed for the examination | o the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| | | | | | | | | | St | tudent's Signature |
| This for respor | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information //she is regular studer | | | | | e. I also undertake the ance and practical |
| Place: | | | | | | | | | | |
| Date: | te: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| | | | | S. K. Somaiya | http://mum.digitaluniv College of Arts, Scie | ersity.ac/ nce and Comm | nerce (540) | | | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|----------------------------|----------------------------------------------------------------------------------------|----------------------------|-------------------------|--------------|----------------|-----------------------------------------------|
| | | To explo | re your personaliz | ed Job Opportunities, Co | its)-Regular-Rev16-T. mpetitive Exams, Career Fai ersity.ac/. Activate your 'e-S | rs etc., click on 'EAS | SY' link in your 'e-Suv | vidha' accou | int on | |
| 2 | PR 0170164 | N: 00844361 | Eligi | bility Status: Eligible | Examination for 029426 | rm No.: | Division/Section: | Ro | oll No.: 98 | Quarte |
| | ction Med | | | | | | Nationality: | India | | |
| mouut | | ium. | <u> </u> | | Student's Per | sonal Informati | | India | | |
| Stude | nt's Nam | : SHAIK | h shaguft | A NABI AHMED | Olddenito i el | | Mother's Name: N | ASRIN | | Gender: Female |
| | | | | | | | | | | |
| | Name in Vernacular Language:शेख शगुफ्ता नबी अहमद Address: ROOM NO.4, SHAIKH SAMIJAN CHAWL, FARID NAGAR, BHANDUP (W) | | | | | | | | | |
| | odress: ROOM NO.4, SHAIKH SAMIJAN CHAWL, FARID NAGAR, BHANDUP (W) City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078 | | | | | | | | | |
| | City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078 Felephone no.: 9967814440 Mobile no: 919967814440 Email : sv08806@gmail.com | | | | | | | | | |
| | DOB: May 01, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236130 (Status: ATKT) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | 9 | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | ounting | | | Th-UA [] | |
| 2 | 83 | 007 | Financial Aco | counting and Auditi | ng X - Cost Accountir | g | | | Th-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | | Th-UA [] | |
| 4 | 83 | 014 | Commerce V | /1 | | | | | Th-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Par | ber II | | | | Th-CA [] | |
| 6 | 83 | 020 | Computer sy | stems and Applicat | ions Paper II | | | | Th-UA [] ;Th | -CA[] |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | n Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
| Pavm | ent Detai | s: | Amount Rece | ived: | C | ollege Receipt | No. and Date: | | | |
| DD No | | | | MICR No: | | DD Date: | | | Bank: | |
| Cente | r Prefere | nce (Code/N | ame): | 1 | | | | | | |
| Venue | Prefere | nce (Code/N | ame): | | | | | | | |
| To, Th | e Contro | ller of Exam | nation, | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this ap | plication are true, o | ination. I have remitte complete and correct bed for the examination | to the best of m | ny knowledge and be | elief. I | Date: | |
| reques other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| cance | | celea. | | | | | | | S | tudent's Signature |
| Decla | ration by | Principal/HC | D/Chairperso | on | | | | | | |
| respo | nsibility o | f fulfillment/r | ectification of | | me. The information e/she is regular stude | | | | | e. I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | Το εχρίοι | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Sciel for Examination of S ts)-Regular-Rev16-T. npetitive Exams, Career Fail ersity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Sessio Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accou | nt on | |
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| | PR | | | bility Status: | Examination for 029427 | m No.: | Division/Section: | Ro | II No.: | D.J.shah |
| 2 | 0170164 | 00844384 | | Eligible | | | E | | 494 | |
| Instru | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | sonal Informati | on | | | |
| Stude | nt's Name | e: SHAH | DHRUTI JITE | NDRA | | | Mother's Name: H | EMA | | Gender: Female |
| Name | in Verna | cular Langua | age:शाह धृती | जितेंद्र | | | | | | |
| Addre | ldress: 1, Hulga Smruti, DNC Road, Ramnagar, Dombivali East | | | | | | | | | |
| City: D | ity: Dombivali, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201 | | | | | | | | | |
| Telepl | elephone no.: Mobile no: 918454875609 Email : dhrutishah45@gmail.com | | | | | | | | | |
| - | OOB: Jan 07, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236097 (Status: ATKT) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| · · | Details: | | ase select Pa | per details which yo | u want to appear (U | , | Assessment,CA - Co | llege Ass | sessment) | ANA AT |
| SN 1 | | r Code 001 | Financial Ac | ounting and Auditi | Paper Name | | | | [h-UA [] | AM - AT |
| 2 | | 007 | | | ng X - Cost Accountin | | | | []-UA [] | |
| 3 | | 013 | Business Eco | - | | y | | | [h-UA [] | |
| 4 | | 014 | Commerce V | | | | | | [h-UA [] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | Гh-CA[] | |
| 6 | | 016 | Export Marke | • | | | | | Гh-CA[] | |
| Convo | ocation Fe | e | · | Exam Form Late F | ee | Exam Form | Super Late Fee | ' | Examinatio | n Fees |
| Mark \$ | Statemen | t Fee | | Total: | | | | | | |
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| - | ent Detai | s: / | Amount Recei | | Co | ollege Receipt | No. and Date: | | | |
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| | | nce (Code/Na Iler of Exami | , | | | | | | Diana | |
| l reque declar | est permi e that all | ssion to pres statement m | sent myself fo ade in this ap | plication are true, o | ination. I have remitte complete and correct bed for the examination | to the best of n | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| other | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| 50.100 | | | | | | | | | S | tudent's Signature |
| This for respon | orm is ca nsibility o | refully scrutir f fulfillment/r | ectification of | College staff and by | me. The information /she is regular studer | | | | | e. I also undertake the lance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| A CONTRACT | P. C. | Το εχρίο | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Cor | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T. npetitive Exams, Career Fastly.ac/. Activate your 'e-S | rrsity.ac/ nce and Comm ummer Session Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | idha' accou | nt on | |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------|------------------------|------------------------------------------------|
| | PR | N: | Eligi | bility Status: | Examination for 029428 | | Division/Section: | Ro | oll No.: | K. Wankhede |
| 2 | 0170164 | 00844434 | - | Eligible | | | E | | 571 | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Stude | nt's Name | e: WANK | HEDE KRUT | GAJANAN | | | Mother's Name: SI | HARVAR | l I | Gender: Female |
| Name | in Verna | cular Langua | age:वानखेडे कृ | ती गजानन | | | | | | |
| Addre | ss: 901/1 | 52, Ekta Soo | ciety Naidu Co | olony, Pant Nagar G | Ghatkopar (East) | | | | | |
| City: N | Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075 | | | | | | | | | |
| Telepł | lephone no.: Mobile no: 919920287174 Email : vaibhav.kadam24@gmail.com | | | | | | | | | |
| DOB: | Dec 23, 1 | 999 | Cat | tegory: Open | | Physically | Handicap: No | | | |
| Previo | ous Lates | t Examinatio | n Details: Sei | m IV(Regular-Rev16 | 6) | Exam Even | t: Apr-2019 | | Seat No: 02 | 236236 (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 | | | | | | | | | | |
| 1 | | 001 | | • | ng IX - Financial Acco | - | | | Th-UA [] | |
| 2 | | 007 | | - | ng X - Cost Accountin | g | | | Th-UA [] | |
| 3 | | 013 014 | Business Ec | | | | | | Th-UA [] Th-UA [] | |
| 5 | | 015 | | direct Taxation Pap | or II | | | | Th-CA[] | |
| 6 | | 016 | Export Marke | • | | | | | Th-CA[] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatio | n Fees |
| | Statemen | | | Total: | | | | | | |
| | | 1 | | 1 | I | | | | | |
| | ent Detai | s: / | Amount Rece | | Co | llege Receipt | No. and Date: | | | |
| DD No | | | | MICR No: | | DD Date: | | | Bank: | |
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| | | nce (Code/N | , | | | | | | | |
| l reque declar | est permi e that all | statement m | ent myself fo ade in this ap | plication are true, c | ination. I have remitte complete and correct to bed for the examination | o the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| other g | quest for any special concession such as change in time or day fixed for university Examination etc. on religious or any her ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be incelled or rejected. | | | | | | | | | |
| | - | | | | | | | | S | tudent's Signature |
| This for respon | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information //she is regular studer | | | | | e. I also undertake the lance and practical |
| Place: | | | | | _ | | | | | |
| Date: | te: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| | 4 | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | http://mum.digitaluniv http://mum.digitaluniv College of Arts, Scie for Examination of S its)-Regular-Rev16-T. mpetitive Exams, Career Fai rersity.ac/. Activate your 'e | versity.ac/ ence and Comm Summer Session .Y. B.ComSer | nerce (540) n 2020 event. m VI [2C00146] | <i>r</i> idha' accou | int on | |
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| | PR | | | ibility Status: | Examination for 029429 | orm No.: | Division/Section: | Rc | oll No.: | === aneedaa |
| 20 | 170164(| 00844496 | Р | Provisional | | | С | | 231 | |
| Instruct | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Per | rsonal Informati | on | | | |
| Student | t's Name | a: TANUS | SHA BHARGA | AVA | | | Mother's Name: Cl | HHAVI | | Gender: Female |
| Name in | n Verna | cular Langua | age:tanusha | | | | | | | |
| Address | Address: J-504,Dunes Residency,Dunetha Nani-Daman , Daman | | | | | | | | | |
| City: da | City: daman, Taluka: daman, District: Daman, State: Daman and Diu, PIN: 396210 | | | | | | | | | |
| | Felephone no.: Mobile no: 918758852365 Email : bhargavatanusha10041999@gmail.com | | | | | | | | | |
| DOB: Apr 10, 1999 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235646 (Status: ATKT) | | | | | | | | | | .35646 (Status: ATKT) |
| Exam form appearance type: Fresher | | | | | | | | | | |
| Paper D | Details: | Plea | ase select Pa | per details which yc | ou want to appear (U | A - University A | Assessment,CA - Co | llege Ass | sessment) | |
| SN | SN Paper Code Paper Name AM - AT | | | | | | | | | |
| 1 | 83 | 3001 | | | ng IX - Financial Acco | | | | Th-UA [] | |
| 2 | 83 | 3007 | Financial Acc | counting and Auditir | ng X - Cost Accountir | ng | | | Th-UA [] | |
| 3 | 83 | 3013 | Business Eco | onomics VI | | | | ī | Th-UA [] | |
| 4 | 83 | 3014 | Commerce V | /I | | | | 7 | Th-UA [] | |
| 5 | 83 | 3015 | Direct and In | ndirect Taxation Pap | per II | | | ī | Th-CA [] | |
| 6 | 83 | 3016 | Export Marke | eting Paper II | | | | ر | Th-CA[] | |
| Convoc | cation Fe | е | | Exam Form Late F | fee | Exam Form | Super Late Fee | | Examination | ו Fees |
| Mark St | tatemen | t Fee | | Total: | | | | | <u> </u> | |
| Paymer | nt Detail | le: | Amount Recei | | C | ollege Receipt | No. and Date: | | | |
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| | | nce (Code/N | , | | | | | | | |
| | _ | | | | | | | | Disco | \ 0 ± 3b = - |
| 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 | | | | | | | | Vidyävinar | | |
| other gr | other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| Deploy | - 14 - 20 - 10 - 1 | Drinelnel/UC | | | | | | | 51 | tudent's Signature |
| This for response | rm is car sibility o | refully scrutir of fulfillment/r | rectification of | College staff and by | rme. The information e/she is regular stude | | | | | e. I also undertake the ance and practical |
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| Date: | | | | | | | | | | |

| A Contraction | | To expla | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | http://mum.digitaluniv http://mum.digitaluniv College of Arts, Scie for Examination of S its)-Regular-Rev16-T. mpetitive Exams, Career Fail rersity.ac/. Activate your 'e-S | rersity.ac/ ence and Comm summer Session .Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accou | unt on | |
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| | PR | | | ibility Status: | Examination for 029430 | rm No.: | Division/Section: | R | oll No.: | aniste |
| 20 |)170164(| 00844523 | | Eligible | | | А | | 60 | 2.S. P. Kliste |
| Instruc | ction Med | Jium: | | | | | Nationality: | India | | |
| | | | | | Student's Per | sonal Informati | on | | | |
| Studen | nt's Name | e: MOHIT | TE RUCHA SA | | | | Mother's Name: SA | AMRUDI | DHI | Gender: Female |
| | | - | - | RUCHA SACHIN | | | | | | |
| Addres | s: A 202 | , Vishal Parl | k, Kopargaon | Dombivali West | | | | | | |
| City: D | City: Dombivali, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202 | | | | | | | | | |
| · · | Pelephone no.: Mobile no: 917045632255 Email : ruchamohite17@gmail.com | | | | | | | | | |
| | OB: Mar 17, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236294 (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 | | 3001 | | | ng IX - Financial Acco | | | | Th-UA[] | |
| 2 | | 3007 | | | ng X - Cost Accountin | ıg | | | Th-UA [] | |
| 3 | | 3013 | Business Eco | | | | | | Th-UA [] | |
| 4 | | 3014 | Commerce V | | | | | | Th-UA [] | |
| 5 | | 3015 | | direct Taxation Pap | | | | | Th-CA [] | - 04 [] |
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| I reque declare have g reques other g | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| Declar | ation by | Drincipal/H(| D/Chairperso | | | | | | `` | Student's Signature |
| This fo respon | orm is car nsibility o | refully scrutir of fulfillment/r | nized by the C rectification of | College staff and by | r me. The information e/she is regular stude | | | | | e. I also undertake the dance and practical |
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| | | To explo | re your personaliz | ed Job Opportunities, Co | its)-Regular-Rev16-T. npetitive Exams, Career Fair ersity.ac/. Activate your 'e-S | s etc., click on 'EAs | SY' link in your 'e-Su | /idha' accou | nt on | |
| | PR | | Ĭ | bility Status: | Examination for 029431 | | Division/Section: | | ll No.: 581 | Freeti |
| | tion Med | 00844577 | | Eligible | | | E Nationality: | India | 561 | |
| mouuc | | ium. | | | Student's Per | sonal Informati | , | Inula | | |
| Studer | nt's Name | SAHU | PREETI ASH | OK | Student's r ers | | Mother's Name: S | ABITRI | | Gender: Female |
| | | | age:साहू प्रीती | | | | | BIII | | |
| | | - | , | | | | | | | |
| | Address: E-402, CYPRESS, VASANT GARDEN NEAR SWAPAN NAGARI MULUND (W) | | | | | | | | | |
| | City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080 Felephone no.: Mobile no: 919987840411 Email : npanigrahi11@gmail.com | | | | | | | | | |
| | DOB: Jul 06, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | | | | m IV(Regular-Rev1 | 6) | Exam Even | • | | Seat No [.] 02 | 36058 (Status: Pass) |
| | | earance type | | in training and the tra | <i>o</i>) | | | | 0001110.02 | |
| | Details: | 21 | | per details which yo | ou want to appear (U/ | A - University A | Assessment,CA - Co | llege Ass | essment) | |
| SN | | r Code | , | | Paper Name |) | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | ounting | | г | [h-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | g | | г | [h-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Т | [h-UA [] | |
| 4 | 83 | 014 | Commerce V | /I | | | | Г | [h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Par | oer II | | | Т | [h-CA[] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | ד | [h-CA[] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | n Fees |
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| To, Th | e Contro | ller of Exam | nation, | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct t bed for the examination | to the best of n | ny knowledge and be | elief. I | Date: | |
| reques | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | lied of rej | ecled. | | | | | | | St | udent's Signature |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information /she is regular studer | | | | | e. I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| e la | | | | S. K. Somaiya Application Form | versity of Mumb http://mum.digitaluniv College of Arts, Scie for Examination of S its)-Regular-Rev16-T. | ersity.ac/ nce and Comm ummer Session | nerce (540) n 2020 event. | | | 8 |
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| | | To explo | re your personaliz | ed Job Opportunities, Cou http://mum.digitaluniv | npetitive Exams, Career Fai ersity.ac/. Activate your 'e-S | rs etc., click on 'EAS Suvidha' account an | SY' link in your 'e-Suv d login today! | vidha' accour | nt on | |
| 2(| PR | N:)0844593 | Ŭ, | bility Status: Eligible | Examination for 029432 | - | Division/Section: A | | ll No.: 28 | Dolui |
| | tion Med | | | Ligible | | | Nationality: | India | | |
| mouuc | | ium. | | | Student's Per | sonal Informati | , | Inula | | |
| Studer | nt's Name | | PURVA SAN | JAY | Olddenits i ei | | Mother's Name: SI | | | Gender: Female |
| | | | age:दळवी पूर्व | | | | | | | |
| | | | | | T Colony poor Donto | aar Mumbai / | 100075 | | | |
| | Address: A5/8 Rajdoot Colony Ghatkopar Depo East B.E.S.T Colony near Pantnagar Mumbai- 400075 City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075 | | | | | | | | | |
| | City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400075 Felephone no.: Mobile no: 918767253723 Email : damzcrazy@gmail.com | | | | | | | | | |
| | DOB: Mar 05, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| - | , | | | m IV(Regular-Rev1 | 6) | Exam Even | • | | Seat No: 02 | 35690 (Status: Pass) |
| | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (U | A - University A | ssessment,CA - Co | llege Ass | essment) | |
| SN | Pape | r Code | | | Paper Name | 9 | | | | AM - AT |
| 1 | 83 | 001 | Financial Aco | counting and Auditi | ng IX - Financial Acco | ounting | | Т | [h-UA [] | |
| 2 | 83 | 007 | Financial Aco | counting and Auditi | ng X - Cost Accountir | g | | Т | [h-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Т | 「h-UA [] | |
| 4 | 83 | 014 | Commerce V | /1 | | | | Т | 「h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | oer II | | | Т | [h-CA[] | |
| 6 | 83 | 020 | Computer sy | stems and Applicat | ions Paper II | | | т | 「h-UA [] ;Th | -CA[] |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | n Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
| Pavme | ent Detai | s: | Amount Rece | ived: | C | ollege Receipt | No. and Date: | | | |
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| Center | r Prefere | nce (Code/N | ame): | I | | 1 | | I | | |
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| To, Th | e Contro | ller of Exam | ination, | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct bed for the examination | to the best of m | ny knowledge and be | elief. I | Date: | - |
| reques | have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| cancer | ieu ol iej | ecieu. | | | | | | | St | udent's Signature |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information e/she is regular stude | | | | | e. I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
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| | La | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Con | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T. [*] npetitive Exams, Career Fair | ersity.ac/ nce and Comm ummer Session Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | ridha' accoun | ton | |
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| | | | - | http://mum.digitalunive | ersity.ac/. Activate your 'e-S Examination for | uvidha' account an | d login today! | | | |
| 20 | PR 170164(| N:)0844604 | Ŭ Ŭ | bility Status: Eligible | 029433 | | Division/Section: F | | l No.: '05 | Frank |
| - | ion Med | | | g | | | Nationality: | India | | |
| motruct | | ium. | <u> </u> | | Student's Pers | sonal Informati | · · · · , | india | | |
| Student | t's Name | E: PULIP | ARAMBIL SA | URAV SHANANTH | | | Mother's Name: B | EENA | 0 | Gender: Male |
| | | | | वल सौरव शानंथ अवि | | | | | | |
| | | - | - 0 | | | | | | | |
| | ddress: 5A/5, NABARD STAFF QUARTERS, DAMODAR PARK GHATKOPAR (WEST) ity: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086 | | | | | | | | | |
| | ielephone no.: Mobile no: 919967347003 Email : bina23173@yahoo.co.in | | | | | | | | | |
| | ODB: Jul 29, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236032 (Status: ATKT) | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| Paper [| Details: | Plea | ase select Pa | per details which yo | u want to appear (UA | A - University A | Assessment,CA - Co | llege Asse | essment) | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditir | ng IX - Financial Acco | unting | | Т | h-UA[] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditir | ng X - Cost Accounting | g | | Т | h-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Т | h-UA [] | |
| 4 | | 014 | Commerce \ | | | | | | h-UA [] | |
| 5 | | 015 | | direct Taxation Pap | | | | | h-CA[] | |
| 6 | | 023 | Investment A | | o Management Paper | | | | h-CA [] | _ |
| | ation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees |
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| l reques declare | st permi that all | statement m | ent myself fo ade in this ap | oplication are true, c | ination. I have remitte complete and correct t | o the best of n | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| request other gr | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
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| respons | sibility o | f fulfillment/r | ectification of | | me. The information p /she is regular studer | | | | | e. I also undertake the ance and practical |
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| and the second s | | То ехрю | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | http://mum.digitalunive a College of Arts, Scien a for Examination of S lits)-Regular-Rev16-T. mpetitive Exams, Career Fail versity.ac/. Activate your 'e-S | rersity.ac/ ence and Comm Summer Session .Y. B.ComSer | nerce (540) n 2020 event. m VI [2C00146] | ridha' acco | unt on | |
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| | PR | N: | Eligi | ibility Status: | Examination for 029434 | | Division/Section: | R | oll No.: | the |
| 20 |)170164(| 00844627 | | Eligible | | | А | | 47 | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Per | rsonal Informati | - | | | |
| | nt's Name | | ASIF RAEES | AHMED | | | Mother's Name: RL | JKHSAI | NA | Gender: Male |
| | | icular Langua | - | | | | | | | |
| Address: ROOM NO-49 BLINE-D ROAD NO-8 SANJAY NAGAR,BAIGANWADI GOVANDI,MUMBAI-400043 | | | | | | | | | | |
| City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043 | | | | | | | | | | |
| · · | none no.: | | | | ile no: 918898959539 | | | 1:1111 | ASIF1111.P | L@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: 023627 | | | | | | | | 236277 (Status: Pass) | | |
| Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | | |
| | | | | per details which ye | | | ASSESSITIETIL, CA - COI | lege As | | AM - AT |
| SN Paper Code Paper Name AM 1 83001 Financial Accounting and Auditing IX - Financial Accounting Th-UA [] | | | | | | | | | | |
| 2 | | 3007 | | | ing X - Cost Accountin | | | | Th-UA[] | |
| 3 | | 3013 | Business Eco | • | лу л - 000г лосоции | <u>ig</u> | | | Th-UA[] | |
| 4 | | 3013 3014 | Commerce V | | | | | | Th-UA[] | |
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| 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. | | | | | | | - | | | |
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| This for respor | orm is car nsibility o | refully scrutir of fulfillment/r | nized by the C rectification of | College staff and by | v me. The information e/she is regular studer | | | | | ge. I also undertake the dance and practical |
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| | R. C. | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T. mpetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Si | rsity.ac/ lice and Comm immer Sessio Y. B.ComSer setc., dick on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suy | ridha' account | on | |
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| | PR | N: | Elig | ibility Status: | Examination for 029435 | | Division/Section: | Roll | No.: | 1030- |
| 20 | 0170164 | 00844716 | _ | Eligible | | | В | 1 | 53 | P.R. 13 Marsh |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Stude | nt's Name | e: LODA) | (A PRACHI A | ASHOK | | | Mother's Name: SI | HARMILA | (| Gender: Female |
| Name | in Verna | cular Langua | age:लोडाया प्रा | ाची अशोक | | | | | | |
| Address: 101, SARASWATI NIWAS GAODEVI GHANSHYAM GUPTE ROAD | | | | | | | | | | |
| City: D | City: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202 | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 918652349304 Email : prachishah611@gmail.com | | | | | | | | | |
| DOB: | OB: Nov 06, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236288 (Status: Pass) | | | | | | | | | |
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| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | Assessment,CA - Co | llege Asse | essment) | |
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| 1 | 83 | 001 | | - | ng IX - Financial Acco | - | | Tł | n-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | J | | Tł | n-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Th | n-UA [] | |
| 4 | 83 | 014 | Commerce \ | | | | | Th | n-UA[] | |
| 5 | 83 | 015 | Direct and Ir | ndirect Taxation Pap | oer II | | | Tł | n-CA[] | |
| 6 | 83 | 029 | Elements of | Operational Resear | rch Paper II | | | Tł | n-CA[] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | Examination | Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
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| | | | | | ination. I have remitted | | | | Date: | |
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| | ground. I lled or rej | | that in the ev | ent of any information | on being found false or | r incorrect, my | candidature is liable | e to be | | |
| cance | lieu or rej | ecteu. | | | | | | | St | udent's Signature |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular studen | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | te: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| A A | Y | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | iversity of Mumba http://mum.digitaluniver a College of Arts, Scien n for Examination of Su lits)-Regular-Rev16-T.Y mpetitive Exams, Career Fairs versity.ac/. Activate your 'e-Su | <u>rrsity.ac/</u> nce and Comm ummer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' accou | unton | |
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| 20 |)170164(| 00844771 | | Eligible | | | E | | 572 | D |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Perse | onal Informati | - | | | - |
| | nt's Name | | V PANKAJ RA | AJKUMAR | | | Mother's Name: PF | REMA | | Gender: Male |
| | | cular Langua | | | | | | | | |
| Address: HARIOM CHAWL MANORAMA NAGAR KOLESHET ROAD THANE (W)-400607 | | | | | | | | | | |
| , | | | e, District: Th | ane, State: Mahara | | | | | | |
| Telephone no.: Mobile no: 917045858909 Email : pya8345@gmail.com | | | | | | | | | .com | |
| DOB: Jun 11, 1998 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236238 (St | | | | | | | | |)236238 (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 1 | | er Code | | | Paper Name | | | | | AM - AT |
| 1 | | 3001 | | | ing IX - Financial Accou | | | | Th-UA [] | |
| 2 | | 3007 | | • | ing X - Cost Accounting |] | | | Th-UA [] | |
| 3 | | 3013 3014 | Business Eco Commerce V | | | | | | Th-UA [] | |
| 4 5 | | 3014 3015 | | ndirect Taxation Pap | | | | | Th-UA [] Th-CA [] | |
| 5 6 | | 3015 3016 | | eting Paper II | | | | | Th-CA[] | |
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| Payme | ent Detail | is: / | Amount Recei | ived: | Co | llege Receipt | No. and Date: | | | |
| DD No | | | | MICR No: | | DD Date: | | | Bank: | |
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| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| l reque declare have g reques | 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 | | | | | | | | | |
| | led or rej | | | | | · - | | | | Student's Signature |
| Declar | ation by | Principal/HC | D/Chairperso | on | | | | | | |
| respon | nsibility o | of fulfillment/r | rectification of | | / me. The information p e/she is regular studen | | | | | lge. I also undertake the ndance and practical |
| Place: | | | | | | _ | | | _ | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | Το explo | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account on http://mum.digitaluniversity.ac/. Examination form No.: Elizibility Status: | | | | | | | | | | |
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| | PR | N: | Eligi | bility Status: | Examination for 029437 | m No.: | Division/Section: | - | II No.: | Ple . | | | |
| 20 | 0170164 | 00844786 | | Eligible | | | С | | 294 | The | | | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | | | | |
| | | | | | Student's Pers | sonal Informati | - | | r | | | | |
| | nt's Name | | PARESH PA | | | | Mother's Name: Bl | HARATI | (| Gender: Male | | | |
| | | | age:गोरे परेश | 3 | | | | | | | | | |
| | ddress: AT POST LOTE TALARI WADI TAL KHED | | | | | | | | | | | | |
| City: L | ity: LOTE, Taluka: Khed, District: Ratnagiri, State: Maharashtra, PIN: 415722 | | | | | | | | | | | | |
| | none no.: | | | | le no: 918308652274 | | | il : NG191 | 1195@GMAI | L.COM | | | |
| | DOB: May 11, 1999 Category: Reserved (NT-2 (NT-C)) Physically Handicap: No | | | | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235760 (Status: ATKT) Exam form appearance type: Fresher | | | | | | | | | | | | |
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| SN | Details: | r Code | ase select Pa | per details which yo | u want to appear (UA Paper Name | , | Assessment, CA - Co | liege Ass | essment) | AM - AT | | | |
| 1 | | 001 | Financial Acc | counting and Auditi | ng IX - Financial Acco | | | | [h-UA [] | AWI - AT | | | |
| 2 | | 007 | | | ng X - Cost Accountin | | | | [h-UA [] | | | | |
| 3 | | 013 | Business Eco | - | | 9 | | | [h-UA [] | | | | |
| 4 | | 014 | Commerce V | | | | | | [h-UA [] | | | | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | г | [h-CA[] | | | | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | | [h-CA[] | | | | |
| Convo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees | | | |
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| | | ller of Exami | , | | | | | | Place: | Vidyavihar | | | |
| l reque declar | est permi e that all | ssion to pres statement m | ent myself fo ade in this ap | plication are true, o | ination. I have remitte complete and correct t ped for the examination | the best of n | ny knowledge and be | elief. I | Date: | viuyaviilai | | | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | | | |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information s/she is regular studer | | | | | e. I also undertake the ance and practical | | | |
| Place: | | | | | _ | | | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | | | |

| | 27 | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! | | | | | | | | | |
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| 2017 | PRN: 7016400844805 | Elig | ibility Status: | Examination forn 029438 | | Division/Section: C | Roll N 273 | - | Marthan | | |
| - | n Medium: | | Eligible | | 011 | Nationality: | India | · | | | |
| manucuo | | | | Student's Perso | onal Informati | , | India | | | | |
| Student's | Name ⁻ FULIY | A MANTHAN | SHAILESH | Olddenits i eise | | Mother's Name: DI | =VBALA | | Gender: Male | | |
| | Vernacular Langu | | | | | | | | | | |
| | | - 5 | | | | | | | | | |
| | ddress: ROOM NO-601 BLDG-129 PANT NAGAR GHATKOPER (EAST) | | | | | | | | | | |
| | ity: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400077 elephone no.: Mobile no: 918655770348 Email : FULIYAMANTHAN@GMAIL.COM | | | | | | | | | | |
| · · | v 30, 1999 | C. | tegory: Open | lie 110. 918055770548 | Physically | Handicap: No | I.FULITAN | IANTAN | | | |
| | , | | m IV(Regular-Rev1 | 6) | Exam Even | • | Se | at No: 023 | 35724 (Status: Pass) | | |
| | | | | 0) | | | | | 0124 (010103.1 033) | | |
| | Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | | |
| SN | Paper Code | | . , | Paper Name | , | | | , | AM - AT | | |
| 1 | | | | | | | | | | | |
| 2 | 83007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | | | Th-I | UA[] | | | |
| 3 | 83013 | Business Ec | conomics VI | | | | Th- | UA[] | | | |
| 4 | 83014 | Commerce V | VI | | | | Th-I | UA[] | | | |
| 5 | 83015 | Direct and Ir | ndirect Taxation Pa | per II | | | Th-0 | CA[] | | | |
| 6 | 83016 | Export Mark | eting Paper II | | | | Th-0 | CA[] | | | |
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| Payment | Details: | Amount Rece | eived: | Col | lege Receipt | No. and Date: | | | | | |
| DD No: | | | MICR No: | | DD Date: | | Bar | nk: | | | |
| Center P | reference (Code/N | lame): | I | | | | I | | | | |
| Venue Pr | reference (Code/N | lame): | | | | | | | | | |
| To, The C | Controller of Exam | ination, | | | | | | Place: | Vidyavihar | | |
| declare the | hat all statement r | nade in this a | pplication are true, | ination. I have remitted complete and correct to bed for the examinatior | the best of m | ny knowledge and be | elief. I | Date: | | | |
| request for other gro | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
| cancelled | d or rejected. | | | | | | | St | udent's Signature | | |
| Declarati | on by Principal/H | DD/Chairpers | on | | | | | | | | |
| responsil | | rectification o | f the information. He | r me. The information p e/she is regular student | | | | | | | |
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| | L. | To explo | re your personalb | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumba http://mum.digitaluniver College of Arts, Scient for Examination of Su ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs prestiy.ac/. Activate your 'e-Su | sity.ac/ ce and Comm mmer Sessio 7. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accour | it on | |
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| 20 | | n: 00844852 | Elig | jibility Status: Eligible | 029439 | | Division/Section: E | | ll No.: 557 | Court |
| Instruc | tion Med | lium: | | - | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | | | | |
| Studen | nt's Name | e: UJAL N | ANALI CHA | NDRAKANT | | | Mother's Name: P | OOJA | (| Gender: Female |
| Name i | in Verna | cular Langua | age:उजाळ म | नाली चंद्रकांत | | | 1 | | I | |
| | | | - | | st | | | | | |
| | udress: 502, Kailas Nagar, Asalpha Village, Ghatkopar West Sity: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084 | | | | | | | | | |
| | elephone no.: Mobile no: 919167919268 Email : manalujal@gmail.com | | | | | | | | | |
| <u> </u> | OB: Mar 02, 1999 Category: Reserved (OBC) Physically Handicap: No | | | | | | | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236211 (Status: Pass) | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | aper details which yo | ou want to appear (UA | - University A | Assessment,CA - Co | llege Ass | essment) | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | ccounting and Auditin | ng IX - Financial Accou | inting | | Т | ĥ-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accounting | | | Т | ĥ-UA [] | |
| 3 | 83 | 013 | Business Ec | conomics VI | | | | Т | ĥ-UA [] | |
| 4 | 83 | 014 | Commerce V | VI | | | | Т | ĥ-UA [] | |
| 5 | 83 | 015 | Direct and Ir | ndirect Taxation Pap | er II | | | Т | ĥ-CA[] | |
| 6 | 83 | 016 | Export Mark | eting Paper II | | 1 | | Т | ĥ-CA[] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees |
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| declare | e that all | statement m | ade in this a | pplication are true, c | ination. I have remitted complete and correct to ped for the examination | the best of n | ny knowledge and be | elief. I | Date: | |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| cancell | led or rej | ected. | | | | | | | St | udent's Signature |
| Declara | ation by | Principal/HC | D/Chairpers | on | | | | | - | |
| respon | sibility o | f fulfillment/r | ectification o | | me. The information p s/she is regular student | | | | | |
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| | | Το explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | sity.ac/ ce and Comm mmer Session ′. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accoun | it on | |
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| | PR | | | bility Status: | Examination forr | | Division/Section: | Bol | l No.: | 0 |
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| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Studer | nt's Name | e: SURA | SANJIT SING | H RANJIT SINGH | | | Mother's Name: M | ANJEET I | KAUR (| Gender: Male |
| Name | in Verna | cular Langua | age:सुरा संजित | न सिंग रंजित सिंग | | | | | | |
| Addres | ss: Hous | e number 24 | 8/14, opposit | e Sainath house Ne | ar satyadeep, wood fa | ctory, Indira N | Nagar, Chembur can | np, Mumb | ai 400074 | |
| | ty: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400074 | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 919664568688 Email : sanjitsingh6666@gmail.com | | | | | | | | | |
| DOB: I | Mar 06, 2 | 2000 | Cat | tegory: Open | | Physically | Handicap: No | | | |
| Previo | us Lates | t Examinatio | n Details: Sei | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | Ś | Seat No: 023 | 36328 (Status: Pass) |
| Exam | form app | earance typ | e: Fresher | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditin | ng IX - Financial Accou | Inting | | Т | h-UA[] | |
| 2 | | 007 | | - | ng X - Cost Accounting | | | | h-UA [] | |
| 3 | | 013 | Business Ec | | | | | | h-UA [] | |
| 4 | | 014 | Commerce V | | | | | | h-UA [] | |
| 5 | | 015 | | direct Taxation Pap | | | | | h-CA[] | |
| 6 | | 020 | Computer sy | stems and Applicat | | | | 'T | h-UA [] ;Th- | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees |
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| Center | Prefere | nce (Code/N | ame): | I | | | | 1 | | |
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| To, Th | e Contro | ller of Exam | nation, | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this ap | plication are true, o | ination. I have remitted complete and correct to bed for the examination | the best of m | ny knowledge and be | elief. I | Date: | |
| reques other of | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| ounce. | | ootou | | | | | | | St | udent's Signature |
| This for respor | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information p /she is regular studen | | | | | |
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| and | Provide states of the states o | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Sciel for Examination of S ts)-Regular-Rev16-T. npetitive Exams, Career Fail ersity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accou | nt on | |
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| | PR | | | bility Status: | Examination for 029441 | m No.: | Division/Section: | Ro | oll No.: | Rhaileh |
| 2 | 0170164 | 00844902 | | Eligible | | | E | | 503 | 0/ |
| Instru | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | sonal Informati | - | | | |
| Stude | nt's Name | e: SHAIK | H AIMAN AS | AD | | | Mother's Name: N | ASRIN | | Gender: Female |
| Name | in Verna | cular Langua | age:शेख अयम | न असद | | | | | | |
| Addre | ddress: Bldg no:11,Rno:5,A/wing,indrayani bldg, Lallubhai compound Mankhurd | | | | | | | | | |
| City: N | ty: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043 | | | | | | | | | |
| Telepl | hone no.: | | | | le no: 917718082434 | 1 | Emai | il : shaikh | aiman8888@ | @gmail.com |
| - | ODB: Jul 08, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236120 (Status: Pass) | | | | | | | | | |
| | | earance type | | | | | | | | |
| <u> </u> | Details: | | ase select Pa | per details which yo | want to appear (U | , | Assessment,CA - Co | llege Ass | sessment) | |
| SN 1 | | r Code 001 | Financial Ac | ounting and Auditi | Paper Name | | | - | Th-UA[] | AM - AT |
| 2 | | 007 | | | ng X - Cost Accountin | | | | Th-UA[] | |
| 3 | | 013 | Business Ec | - | | y | | | Th-UA [] | |
| 4 | | 014 | Commerce V | | | | | | Th-UA[] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | Th-CA[] | |
| 6 | | 016 | Export Marke | • | | | | | Th-CA[] | |
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| l reque declar | 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 | | | | | | | Vidyavihar | | |
| other | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
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| respo | nsibility o | f fulfillment/r | ectification of | | me. The information s/she is regular studer | | | | | also undertake the ance and practical |
| Place: | : | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | H | То ехріо | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | iversity of Mumb http://mum.digitalunive a College of Arts, Scier n for Examination of St lits)-Regular-Rev16-T. mpetitive Exams, Career Fair versity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ə-Suvidha' acco | unt on | |
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| | PR | | | ibility Status: | Examination for 029442 | | Division/Sectior | n: R | oll No.: | |
| 20 | 170164 | 00844941 | | Eligible | | | D | | 386 | Mahred |
| Instruct | tion Med | lium: | | | | | Nationality: | India | | · |
| | | | | | Student's Pers | sonal Informati | on | | | |
| Studen | nt's Name | e: NAGD/ | A MANSI PAN | NKAJ | | | Mother's Name | e: NILPA | | Gender: Female |
| | | icular Langua | \$ | | | | | | | |
| Address: 1167,304,geeta apartment, railway station road, anjur phata bhiwandi | | | | | | | | | | |
| City: bh | City: bhiwandi, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421305 | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 917058229099 Email : shahmansi1220@gmail.com | | | | | | | | | |
| DOB: N | OOB: May 12, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235932 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | |
| | Details: | | ase select Pa | per details which yo | ou want to appear (UA | A - University A | ssessment,CA - | College As | sessment) | |
| SN | | er Code | ļ | | Paper Name | | | | | AM - AT |
| 1 | | 3001 | | | ing IX - Financial Acco | | | | Th-UA [] | |
| 2 | 83 | 3007 | Financial Ac | counting and Auditi | ing X - Cost Accountin | g | | | Th-UA [] | |
| 3 | 83 | 3013 | Business Ec | onomics VI | | | | | Th-UA [] | |
| 4 | 83 | 3014 | Commerce V | /I | | | | | Th-UA [] | |
| 5 | 83 | 3015 | Direct and In | ndirect Taxation Pap | per II | | | | Th-CA[] | |
| 6 | 83 | 3016 | Export Marke | eting Paper II | | | | | Th-CA[] | |
| | cation Fe | | | Exam Form Late F | Fee | Exam Form | Super Late Fee | | Examinatio | n Fees |
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| | | oller of Exami | | | | | | | | |
| l reques declare have go request | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any | | | | | | | | | |
| | ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. Student's Signature | | | | | | | | | |
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| This for respon | rm is ca sibility o | refully scrution of fulfillment/r | nized by the C rectification of | College staff and by | / me. The information e/she is regular studer | | | | | e. I also undertake the dance and practical |
| Place: | | | | | | | | | | |
| Date: | e: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| 2 | 2 | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Suvidha' account on | | | | | | | | | | |
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| | | To explo | re your personaliz | ed Job Opportunities, Co | , 0 | s etc., click on 'EAs | SY' link in your 'e-Su | /idha' accour | nt on | | | |
| 2 | PR | | , i | bility Status: | Examination for 029443 | | Division/Section: | _ | ll No.: 252 | Anulis | | |
| | ction Med | 00844964 | | Eligible | | | Nationality: | India | 202 | 10 | | |
| mouut | | ium. | | | Student's Pers | sonal Informati | , | maia | | | | |
| Studer | nt's Name | · CHUD. | JI MANSI BH | | Oldenits i el | | Mother's Name: B | HAGYAS | HRFF | Gender: Female | | |
| | | | | | | | | | | | | |
| | ame in Vernacular Language:चुडजी) मानसी) भानुदास ddress: K R Shinde Chawl R B Kadam Marg Bhatwadi, Ghatkopar West | | | | | | | | | | | |
| | Idress: K R Shinde Chawl R B Kadam Marg Bhatwadi, Ghatkopar West ty: Mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084 | | | | | | | | | | | |
| | none no.: | | | | le no: 917045493166 | | Ema | il · mansio | chudii14@ar | nail com | | |
| | Felephone no.: Mobile no: 917045493166 Email : mansichudji14@gmail.com DOB: Aug 14, 1999 Category: Open Physically Handicap: No | | | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235687 (Status: Pass) | | | | | | | | | 35687 (Status: Pass) | | |
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| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | ; | | | | AM - AT | | |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | ounting | | Т | ⁻ h-UA[] | | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | g | | Т | ⁻ h-UA[] | | | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Т | ⁻ h-UA [] | | | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Т | ⁻ h-UA[] | | | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | ⁻ h-CA[] | | | |
| 6 | | 016 | Export Marke | 1 | - | 1 | | ' T | `h-CA [] | _ | | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatior | i Fees | | |
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| To, Th | e Contro | ller of Exam | ination, | | | | | | Place: | Vidyavihar | | |
| declar | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct t bed for the examination | to the best of n | ny knowledge and be | elief. I | Date: | | | |
| reques | request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | | | |
| cance | lied of rej | ected. | | | | | | | S | udent's Signature | | |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information /she is regular studer | | | | | e. I also undertake the ance and practical | | |
| Place: | | | | | _ | | | | | | | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | | | |

| a la | | | | S. K. Somaiya Application Form B.Com.(with Cred | Nersity of Mumb http://mum.digitalunive College of Arts, Scien for Examination of Si its)-Regular-Rev16-T. | ersity.ac/ nce and Comm ummer Sessio Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | | | |
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| | | To explo | re your personaliz | ed Job Opportunities, Con http://mum.digitaluniv | mpetitive Exams, Career Fair ersity.ac/. Activate your 'e-S | s etc., click on 'EAs Suvidha' account an | SY' link in your 'e-Suv d login today! | vidha' accour | nt on | |
| 20 | PR | N:)0844995 | Ĭ | bility Status: Eligible | Examination for 029444 | | Division/Section: E | _ | ll No.: 538 | chailee |
| | tion Med | | | Liigible | | | | India | | |
| Instruc | | ium. | | | Student's Per | sonal Informati | Nationality: | Inula | | |
| Studer | nt's Name | e: SUMAI | RIA SHAILEE | JENTI | Oldenits i el | | Mother's Name: P | ARUL | 0 | Gender: Female |
| | | | | | | | | | | |
| | Name in Vernacular Language:शैली जेटी सुमारीआ Address: B-3/704 LOK EVEREST , J.S.D. ROAD , MULUND WEST MUMBAI-400080 | | | | | | | | | |
| | Address: B-3/704 LOK EVEREST, J.S.D. ROAD, MULUND WEST MUMBAI-400080 City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080 | | | | | | | | | |
| | | 25934467 | | | le no: 919004674903 | 1. 400000 | Ema | il · shailee | .sumaria@g | imail com |
| | DOB: Apr 02, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236178 (Status: Pass) | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (U/ | A - University A | Assessment,CA - Co | llege Ass | essment) | |
| SN | Pape | r Code | | | Paper Name |) | | | | AM - AT |
| 1 | 83 | 001 | | - | ng IX - Financial Acco | - | | Т | ĥ-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | g | | Т | ĥ-UA [] | |
| 3 | | 013 | Business Ec | | | | | | ĥ-UA [] | |
| 4 | | 014 | Commerce V | | | | | | ĥ-UA [] | |
| 5 | | 015 | | direct Taxation Par | ber II | | | | 'h-CA [] | |
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| | cation Fe | | | Exam Form Late F | -ee | Exam Form | Super Late Fee | | Examination | Fees |
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| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| l reque declare | est permi e that all | statement m | ent myself fo ade in this ap | oplication are true, o | ination. I have remitte complete and correct t bed for the examination | to the best of n | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques other g | have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| cancer | | celea. | | | | | | | St | udent's Signature |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information e/she is regular studer | | | | | I also undertake the ance and practical |
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| | H | То ехріо | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi and Job Opportunities, Cor | iversity of Mumb http://mum.digitaluniver a College of Arts, Scien n for Examination of Su lits)-Regular-Rev16-T. mpetitive Exams, Career Fairs rersity.ac/. Activate your 'e-Su | ersity.ac/ nce and Comm ummer Session Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e | ə-Suvidha' acco | unt on | |
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| | PR | 2N- | Eliai | bility Status: | Examination forr | | Division/Section | n. R | oll No.: | |
| 20 | | 00845012 | , s | Eligible | 029445 | | D | | 426 | Rose |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Studer | nt's Name | e: PATOL | LE RUTIKA M | ANISH | | | Mother's Name | : MANALI | | Gender: Female |
| Name | in Verna | cular Langu | age:MARATH | d . | | | | | | |
| Addres | ss: ROO | M NO. 1/3 R | OCKY MEND | ONZA CHAWL DA | TAR COLONY, BHAN | IDUP-EAST | | | | |
| City: N | ty: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400042 | | | | | | | | | |
| Teleph | Yelephone no.: Mobile no: 919819467460 Email : shreeraj22222@gmail.com | | | | | | | | | |
| DOB: | DOB: Jan 23, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236007 (Status: Pass) | | | | | | | | | |
| Exam | xam form appearance type: Fresher | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | Pape | er Code | | | Paper Name | 1 | | | | AM - AT |
| 1 | 83 | 3001 | Financial Acc | counting and Auditi | ing IX - Financial Accou | unting | | | Th-UA [] | |
| 2 | 83 | 3007 | Financial Acc | counting and Auditi | ing X - Cost Accounting | g | | | Th-UA [] | |
| 3 | 83 | 3013 | Business Eco | onomics VI | | | | | Th-UA [] | |
| 4 | 83 | 3014 | Commerce V | /1 | | | | | Th-UA[] | |
| 5 | 83 | 3015 | Direct and In | direct Taxation Pap | per II | | | | Th-CA[] | |
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| l reque declare | est permi e that all | statement m | sent myself for nade in this ap | oplication are true, o | nination. I have remitted | to the best of m | ny knowledge an | d belief. I | , Date: | - |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| Dealor | - 41 20 - 40 - 4 | Drineinel/UC | | | | | | | ` | Student's Signature |
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| | | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] | | | | | | | | | | |
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| | | To explo | re your personaliz | ed Job Opportunities, Co | its)-Regular-Rev16-T. mpetitive Exams, Career Fair ersity.ac/. Activate your 'e-S | s etc., click on 'EAs | SY' link in your 'e-Su | ridha' accou | nt on | | | |
| 2 | PR | N: 00845043 | Ĭ | bility Status: Eligible | Examination for 029446 | m No.: | Division/Section: | | ll No.: 298 | Grendron. | | |
| | ction Med | | | | | | Nationality: | India | 200 | 2 | | |
| mourue | | ium. | | | Student's Pers | sonal Informati | , | India | | | | |
| Stude | nt's Name | e: GOVE | KAR KRUTIK | A DIGAMBAR | | | Mother's Name: V | AISHALI | (| Gender: Female | | |
| Name | in Verna | | age:गोवेकर कृ | | | | | _ | | | | |
| | Idress: 6767 / 301 samta colony adarsha soc pant nagar ghatkopar east | | | | | | | | | | | |
| | ty: Mumbai, Taluka: , District: Mumbai Suburban, State: Maharashtra, PIN: 400075 | | | | | | | | | | | |
| , | none no.: | | | | le no: 918291463919 | 570 | Ema | il : krutika | ovekar2000 |)@gmail.com | | |
| | DOB: Feb 15, 2000 Category: Reserved (OBC) Physically Handicap: No | | | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235767 (Status: Pass) | | | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | A - University A | ssessment,CA - Co | llege Ass | essment) | | | |
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| 1 | 83 | 001 | | - | ng IX - Financial Acco | - | | Т | 「h-UA [] | | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | g | | Г | [] [] | | | |
| 3 | | 013 | Business Ec | onomics VI | | | | | [] [] | | | |
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| To, Th | e Contro | ller of Exami | nation, | | | | | | Place: | Vidyavihar | | |
| declar | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct t bed for the examination | the best of n | ny knowledge and be | elief. I | Date: | | | |
| reques | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | | | |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information e/she is regular studer | | | | | e. I also undertake the ance and practical | | |
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| 2 | PR | | Eligil | ibility Status: Eligible | Examination for 029447 | rm No.: | Division/Section: | R | oll No.: 214 | Rooja |
| | ction Med | | | Ligible | | | Nationality: | India | | |
| mstruc | | <u></u> | | | Student's Per | sonal Informati | | Inula | | |
| Stude | nt's Name | e [.] BERA | POOJA MUR | | | | Mother's Name: G/ | ANGAB | FN | Gender: Female |
| | | | age:GUJRATI | | | | | | | |
| | | _ | - | | SHAKA, DONGRIPAD | A, GB ROAD | THANE,400607 | | | |
| City: T | /: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400607 | | | | | | | | | |
| Telepl | elephone no.: Mobile no: 919819923186 Email : poojabera99@gmail.com | | | | | | | | | |
| DOB: | OB: Oct 07, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previc | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235621 (Status: Pass) | | | | | | | | | |
| Exam | ixam form appearance type: Fresher | | | | | | | | | |
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| 5 | | | | direct Taxation Pap | per II | | | | Th-CA[] | |
| 6 | | | Export Marke | eting Paper II | | | | | Th-CA[] | |
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| l reque declar have g | Fo, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | | |
| other | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. Student's Signature | | | | | | | | | |
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| respo | nsibility o | of fulfillment/re | rectification of | | me. The information e/she is regular studer | | | | | e. I also undertake the lance and practical |
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| | | To explo | re your personaliz | zed Job Opportunities, Cor http://mum.digitaluniv | npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Se | etc., click on 'EAS uvidha' account an | SY' link in your 'e-Suv d login today! | vidha' account | on | |
| 0 | PR | | Elig | ibility Status: | Examination for 029448 | m No.: | Division/Section: | | No.: 01 | Fueld |
| | ction Med |)0845074 | | Eligible | | 1111 | | India | 01 | |
| msuud | | ium. | | | Student's Pers | onal Informati | Nationality: | Inula | | |
| Stude | nt's Name | e: PAWA | R SHIVAM M | | | | Mother's Name: SI | UNITA | (| Gender: Male |
| | | | | | | | | | | |
| | lame in Vernacular Language:पवार शिवम मानसिंग ddress: NEAR SAI BABA MANDIR, WAGHOBA NAGAR, KALWA EAST GUPTA RATIWALA CHAWL THANE | | | | | | | | | |
| | ddress: NEAR SAI BABA MANDIR, WAGHOBA NAGAR, KALWA EAST GUPTA RATIWALA CHAWL THANE ity: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605 | | | | | | | | | |
| , | none no.: | | | | le no: 919867852560 | | Emai | il · shivamr | nawar562@ | amail com |
| | Yelephone no.: Mobile no: 919867852560 Email : shivampawar562@gmail.com OOB: Aug 10, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236016 (Status: Pass) | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | unting | | Tł | n-UA[] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | J | | Tł | n-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Tł | n-UA [] | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Tł | n-UA[] | |
| 5 | | 015 | | direct Taxation Pap | | | | | n-CA [] | |
| 6 | | 023 | Investment A | | io Management Paper | | | ' | n-CA[] | _ |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | Examination | Fees |
| Mark S | Statemen | t⊦ee | | Total: | | | | | | |
| Paymo | ent Detail | s: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
| DD No | D: | I | | MICR No: | l | DD Date: | | B | ank: | |
| Cente | r Preferei | nce (Code/N | ame): | • | | • | | • | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, Th | e Contro | ller of Exam | ination, | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this a | pplication are true, o | ination. I have remitter complete and correct to bed for the examinatio | o the best of n | ny knowledge and be | elief. I | Date: | |
| reques | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | | | | | | | | St | udent's Signature |
| | - | • | D/Chairpers | | | | | | | |
| respoi | nsibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular studen | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Cor | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T. ¹ npetitive Exams, Career Fain ersity.ac/. Activate your 'e-S | rsity.ac/ nce and Comm ummer Sessio Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | idha' account | on | |
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| | PR | N: | Eligi | bility Status: | Examination for | | Division/Section: | Roll | No.: | |
| 20 | | 00845124 | Ű | Eligible | 029449 | | F | _ | 23 | Khurk |
| Instruc | tion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Studer | nt's Name | e: SHAH | KHUSHI DHII | RAJ | | | Mother's Name: N | RMALA | (| Gender: Female |
| Name | in Verna | cular Langua | age:શાહ ખુશ | ી ધીરજ | | | | | | |
| Addres | ss: 303,s | hanti palace | ,veer savarka | r marg,opp st.john s | school, charai ,thane v | west 303,shar | nti palace,Veer sava | rkar marg, | opp st.john | school charai thane west |
| | | - | | ne, State: Maharasl | | | • | | | |
| Teleph | lephone no.: 25419302 Mobile no: 918097239257 Email : kshah7870@gmail.com | | | | | | | | | |
| DOB: / | Aug 08, 1 | 999 | Cat | egory: Open | | Physically | Handicap: No | | | |
| Previo | us Lates | Examinatio | n Details: Ser | n IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | S | Seat No: 023 | 36104 (Status: ATKT) |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | | | | | | | | | |
| 2 | | 007 | | - | ng X - Cost Accounting | g | | | n-UA [] | |
| 3 | | 013 | Business Eco | | | | | | n-UA [] | |
| 4 | | 014 | Commerce V | | | | | | n-UA [] | |
| 5 | | 015 | | direct Taxation Pap | | | | | n-CA[] | |
| 6 | | 023 | Investment A | - | o Management Paper | | <u> </u> | ' | n-CA[] | _ |
| | cation Fe | - | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees |
| Mark S | Statemen | tree | | Total: | | | | | | |
| Payme | ent Detai | s: / | Amount Recei | ived: | Co | llege Receipt | No. and Date: | | | |
| DD No |): | | | MICR No: | | DD Date: | | Ba | ank: | |
| Center | Prefere | nce (Code/N | lame): | | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, Th | e Contro | ller of Exam | ination, | | | | | | Place: | Vidyavihar |
| declare | request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby eclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | | |
| reques other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancer | | ecieu. | | | | | | | St | udent's Signature |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p s/she is regular studen | | | | | I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | te: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| A Contraction of the second se | P. | To explo | e your personaliz | S. K. Somaiya Application Form B.Com.(with Credi zed Job Opportunities, Co | versity of Mumba http://mum.digitalunivers College of Arts, Science for Examination of Sur ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs | <u>sity.ac/</u> ce and Comm nmer Sessio . B.ComSer etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | idha' account | on | |
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| | PR | | | http://mum.digitaluniv ibility Status: | ersity.ac/. Activate your 'e-Su Examination form 029450 | vidha' account an | d login today! Division/Section: | Roll | No.: | |
| 20 | 1701640 | 00845194 | - | Eligible | | | F | 6 | 99 | Co.p.f. |
| Instruct | tion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | on | | | |
| Studen | t's Name | E: PATIL | OJAS DAYA | NAND | | | Mother's Name: D | EEPA | C | Gender: Male |
| Name i | lame in Vernacular Language:पाटील ओजस DAYANAND | | | | | | | | | |
| Addres | Address: c-2 type building no 19, room no 04, ground floor,sector 16, vashi,navi mumbai 400703 | | | | | | | | | |
| City: va | shi, Talı | uka: Thane, | District: Thar | ne, State: Maharash | tra, PIN: 400703 | | | | | |
| Teleph | one no.: | | | Mobi | le no: 918268675092 | | Emai | I : PATILO | JAS47@GI | MAIL.COM |
| DOB: D | OB: Dec 11, 1999 Category: Reserved (OBC) Physically Handicap: No | | | | | | | | | |
| Previou | us Lates | Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | S | Seat No: 023 | 36006 (Status: Pass) |
| Exam f | Exam form appearance type: Fresher | | | | | | | | | |
| Paper I | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Accou | nting | | Tł | n-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | | | Tł | n-UA [] | |
| 3 | 83 | 013 | Business Ec | conomics VI | | | | Tł | n-UA [] | |
| 4 | 83 | 014 | Commerce \ | VI | | | | Tł | n-UA[] | |
| 5 | 83 | 015 | Direct and Ir | ndirect Taxation Pap | er II | | | Tł | n-CA[] | |
| 6 | 83 | 023 | Investment A | Analysis and Portfol | o Management Paper | 11 | | Tł | n-CA[] | |
| Convoo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | Examination | Fees |
| Mark S | tatemen | t Fee | | Total: | | | | | | |
| Pavme | nt Detail | s: | Amount Rece | ived: | Coll | eae Receipt | No. and Date: | | | |
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| | | ller of Exami | , | | | | | | Place: | Vidyavihar |
| declare | that all | statement m | ade in this a | pplication are true, o | ination. I have remitted complete and correct to | the best of n | ny knowledge and be | elief. I | Date: | |
| request | have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| | ed or rej | | | | | inconcet, my | | | St | udent's Signature |
| Declara | ation by | Principal/HC | D/Chairpers | on | | | | | | |
| respon | sibility o | f fulfillment/r | ectification of | | me. The information pr e/she is regular student | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| No. | The second se | To explo | e your personaliz | S. K. Somaiya Application Form B.Com.(with Credi and Job Opportunities, Con | versity of Mumba http://mum.digitaluniver College of Arts, Scient for Examination of Su ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | sity.ac/ ce and Comn mmer Sessio ′. B.ComSei etc., click on 'EA3 | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | ridha' accou | nt on | |
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| | PR | N: | Eligi | bility Status: | Examination form 029451 | n No.: | Division/Section: | Ro | oll No.: | 8.02 / |
| 20 | 170164 | 00845244 | | Eligible | | | E | | 556 | Auge dar. |
| Instruct | tion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | on | | | |
| Studen | it's Name | e: TURAI | DAR ANUSH | KA BASAVRAJ | | | Mother's Name: LE | EENA | | Gender: Female |
| Name i | in Verna | cular Langua | age:तुराईदार 3 | अनुष्का बसवराज | | | | | | |
| Addres | ddress: C5, Bhanu Nagar, Opp. PP Chambers Bhagat Singh Road | | | | | | | | | |
| City: D | ity: Dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201 | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 919967722927 Email : anushkaturaidar99@gmail.com | | | | | | | | | |
| DOB: J | lul 08, 19 | 999 | Ca | tegory: Open | | Physically | Handicap: No | | | |
| Previou | us Lates | Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | | Seat No: 02 | 36209 (Status: Pass) |
| | Exam form appearance type: Fresher | | | | | | | | | |
| <u> </u> | Paper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | |
| SN | | | | | | | | | | |
| 1 | | 001 | | - | ng IX - Financial Accou | | | | Th-UA[] | |
| 2 | | 007 013 | Business Ec | - | ng X - Cost Accounting | | | | Th-UA [] | |
| 4 | | 013 | Commerce V | | | | | | Th-UA [] Th-UA [] | |
| 5 | | 015 | | direct Taxation Par | or II | | | | Th-CA[] | |
| 6 | | 016 | | eting Paper II | | | | | Th-CA[] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | n Fees |
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| | nt Detai | s: / | Amount Rece | | Col | <u> </u> | No. and Date: | | | |
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| | | nce (Code/N | , | | | | | | | |
| l reque declare have ge | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | Vidyavihar | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| | | | | | | | | | St | udent's Signature |
| This fo respon | rm is ca sibility o | efully scrutir f fulfillment/r | ectification of | College staff and by | me. The information p s/she is regular student | | | | | |
| Place: | | | | | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| and | | То ехріо | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T. ¹ npetitive Exams, Career Fain ersity.ac/. Activate your 'e-S | rsity.ac/ nce and Comm Immer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | uvidha' accou | int on | |
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| | PR | | | bility Status: | Examination for | | Division/Section: | R | oll No.: | |
| 2 | 0170164 | 00845252 | - | Eligible | 029452 | | С | | 220 | 18% |
| Instruc | ction Med | lium: | I | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Stude | nt's Name | e: BHANI | JSHALI JAI C | HANJI | | | Mother's Name: F | RAMILA | | Gender: Male |
| Name | in Verna | cular Langua | age: ભાનુશાલી | . જય ધનજી | | | | | | |
| Addre | ss: a/10,g | guru samarth | n krupa behin | d apurva hospital do | ombivali(West) | | | | | |
| City: d | : dombivali, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202 | | | | | | | | | |
| Telepł | ephone no.: Mobile no: 919769922819 Email : bhanushali.jai12@gmail.com | | | | | | | | | |
| DOB: | May 07, 1 | 1999 | Ca | tegory: Open | | Physically | Handicap: No | | | |
| Previo | us Lates | t Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | | Seat No: 02 | 235629 (Status: Pass) |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | | r Code | - | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ng IX - Financial Acco | | | | Th-UA [] | |
| 2 | | 007 | | - | ng X - Cost Accounting | g | | | Th-UA [] | |
| 3 | | 013 | Business Ec | | | | | | Th-UA [] | |
| 4 | | 014 | Commerce V | | | | | | Th-UA[] | |
| 5 | | 015 | | direct Taxation Pap | er II | | | - | Th-CA[] | |
| 6 | | 016 | Export Marke | eting Paper II | · | | | | Th-CA[] | - Г |
| | Statemen | | | Exam Form Late F Total: | ee | Exam Form | Super Late Fee | | Examination | n Fees |
| WICHN | Statemen | IFee | | TOLAI. | | | | | | |
| Paymo | ent Detai | s: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
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| Cente | r Prefere | nce (Code/N | lame): | | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, Th | e Contro | ller of Exam | ination, | | | | | | Place: | Vidyavihar |
| declar | equest permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby clare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ve gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | | |
| other g | quest for any special concession such as change in time or day fixed for university Examination etc. on religious or any her ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | lied of rej | ected. | | | | | | | s | tudent's Signature |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular studen | | | | | e. I also undertake the lance and practical |
| Place: | | | | | | | | | | |
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| 1 | R. | To creba | - 1011 | S. K. Somaiya Application Form B.Com.(with Credi | versity of Muml http://mum.digitaluniv College of Arts, Scie for Examination of S ts)-Regular-Rev16-T npetitive Exams, Career Fai | rersity.ac/ ence and Comm summer Session .Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accou | | |
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| | | TO explo | | http://mum.digitaluniv | ersity.ac/. Activate your 'e- | Suvidha' account an | d login today! | | | |
| 2 | PR | N: 00845267 | Ŭ Ŭ | bility Status: Eligible | Examination fo 029453 | | Division/Section: A | | ll No.: 105 | Rohan |
| | | | | Liigible | | | | | 100 | |
| Instruc | ction Med | lium: | | | Ctudent's Der | sonal Informati | Nationality: | India | | |
| Stude | nt's Name | | R ROHAN AS | HOK | Student's Per | sonai mormau | Mother's Name: J | | | Gender: Male |
| | | | | | | | Would s Name. 5 | OILL | | |
| | ame in Vernacular Language:सुतार रोहन अशोक ddress: ksausar miya chawl, gandhi pagar, jarimari, kurla | | | | | | | | | |
| | ddress: ksausar miya chawl, gandhi nagar jarimari kurla | | | | | | | | | |
| , | ity: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072 elephone no.: Mobile no: 918452035563 Email : sutarrohan004@gmail.com | | | | | | | | | |
| | ODB: Jun 18, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236180 (Status: Pass) | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | е | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditin | ng IX - Financial Acco | ounting | | ٦ | [h-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accountir | ng | | ٦ | [h-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | ٦ | [h-UA [] | |
| 4 | | 014 | Commerce \ | - | | | | | [h-UA [] | |
| 5 | | 015 | | direct Taxation Pap | | | | | [h-CA [] | |
| 6 | | 020 | Computer sy | stems and Applicat | | | <u> </u> | ' | [h-UA [] ;Th | |
| | Statemen | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | 1 Fees |
| IVIAI K C | Statemen | | | 10(a). | | | | | | |
| Paymo | ent Detai | ls: / | Amount Rece | ived: | C | ollege Receipt | No. and Date: | | | |
| DD No | D: | | | MICR No: | | DD Date: | | | Bank: | |
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| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| l reque declar | est permi e that all | statement m | ent myself fo ade in this ap | plication are true, o | ination. I have remitte complete and correct bed for the examinati | to the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques other g | request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| cance | | 00100. | | | | | | | St | tudent's Signature |
| This for respon | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information s/she is regular stude | | | | | e. I also undertake the ance and practical |
| Place: | | , | | - | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

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| 20 | 170164(| 00845275 | | Eligible | | | С | | 202 | |
| Instruct | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | sonal Informati | on | | | |
| Studen | t's Name | e KHUSł | HI RAJA ADU | YA | | | Mother's Name: N | MEETA | | Gender: Female |
| Name i | n Verna | cular Langua | age:KHUSHI | | | | | | | |
| | Idress: A 21 MAHAPARISHAD M.G.ROAD, MULUND WEST | | | | | | | | | |
| City: M | ity: MUMBAI, Taluka: , District: Mumbai City, State: Maharashtra, PIN: 400080 | | | | | | | | | |
| | elephone no.: Mobile no: 918080202534 Email : khushiadua22@gmail.com | | | | | | | | | |
| | Sep 20, 1 | | | tegory: Open | | | Handicap: No | | 1 | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235599 (Status: ATKT) | | | | | | | | | |
| | 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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| 1 | | 8001 | | | ing IX - Financial Acco | | | | Th-UA [] | |
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| 3 | | 3013 | Business Eco | | | | | | Th-UA[] | |
| 4 | | 8014 | Commerce V | | 0 | | | | Th-UA[] | |
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| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| I reques declare have go request other gi | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| Declara | ation by | Drincipal/HC | D/Chairperso | | | | | | | Student's Signature |
| This for responsion | rm is cai sibility o | refully scrutir f fulfillment/r | nized by the C ectification of | College staff and by | y me. The information e/she is regular studer | | | | | ge. I also undertake the dance and practical |
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| 3 | | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Suvidha' account on http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! | | | | | | | | | |
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| 20 | 0170164 | 00845317 | | Eligible | | | Е | 577 | | ž. | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | | |
| | | | | | Student's Pers | onal Informati | on | | | | |
| Stude | nt's Name | e: MOHA | MMED AFRO | DZ ALAM | | | Mother's Name: MU FIRDOUS | JSAMMAT | (| Gender: Male | |
| Name | in Verna | cular Langua | age:MOHAMI | MED AFROZ ALAM | | | | | | | |
| Addre | ss: RM.1 | 005,FLOOR. | 10, C-WING | , BLDG NO.5, HDIL | COMPLEX, OPP KOH | IINOOR HOS | PITAL, KURLA(WES | T) MUMBAI | .400070 | | |
| City: N | IUMBAI, | Taluka: Mun | nbai, District: | Mumbai City, State | : Maharashtra, PIN: 40 | 00070 | | | | | |
| Telepł | elephone no.: Mobile no: 919619659703 Email : AFROZALAM.BVA@GMAIL.COM | | | | | | | | | | |
| DOB: | DB: Sep 10, 1999 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previo | evious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235594 (Status: ATKT) | | | | | | | | | | |
| Exam | am form appearance type: Fresher | | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | u want to appear (UA | - University A | ssessment,CA - Col | lege Assess | ment) | | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT | |
| 1 | 83 | 001 | Financial Ac | counting and Auditir | ng IX - Financial Accou | unting | | Th-L | JA [] | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditir | ng X - Cost Accounting |] | | Th-L | JA [] | | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Th-L | JA [] | | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Th-L | JA [] | | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | Th-C | CA[] | | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | Th-C | CA[] | | |
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| Payme | ent Detai | s: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | | |
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| Cente | r Prefere | nce (Code/N | ame): | | | | | | | | |
| Venue | Preferer | nce (Code/Na | ame): | | | | | | _ | | |
| To, Th | e Contro | ller of Exami | nation, | | | | | | Place: | Vidyavihar | |
| declar | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitted complete and correct to bed for the examinatio | o the best of n | ny knowledge and be | lief. I | Date: | | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p /she is regular studen | | | | | | |
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| | PR 0170164(| N: 00845325 | Ű | ibility Status: Eligible | Examination fo 029456 | 6 | Division/Section: F | R | oll No.: 720 | HKShah |
| - | | | | Eligible | | | | | | |
| Instruc | ction Med | lum: | | | Student's Der | rsonal Informati | Nationality: | India | | 1 |
| Studer | nt's Name | | HETVI KALPE | | | Solial Iniornau | Mother's Name: M | ΙΤΤΑΙ | | Gender: Female |
| | Name in Vernacular Language:SHAH HETVI KALPESH | | | | | | | | | |
| | Address: FLAT NO. 4, KAMLESH BUILDING , KASTURBA ROAD MULUND (WEST) | | | | | | | | | |
| | | | | | tate: Maharashtra, Pl | , | | | | |
| , | | 25671591 | | | le no: 918879844996 | | Emai | l : hetvi1 | 1307@gma | il.com |
| DOB: § | Sep 07, 1 | 1999 | Cat | tegory: Open | | Physically | / Handicap: No | | | |
| Previo | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236101 (Status: Pass) | | | | | | | | | |
| Exam | form app | earance type | e: Fresher | | | | | | | |
| Paper | Details: | Ple | ase select Par | per details which yc | ou want to appear (U | A - University A | Assessment,CA - Co | llege As | sessment) | |
| SN | Pape | er Code | | | Paper Name | е | | | | AM - AT |
| 1 | 83 | 3001 | Financial Acc | counting and Auditir | ng IX - Financial Acco | ounting | | | Th-UA [] | |
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| 3 | | 3013 | Business Eco | | | | | | Th-UA [] | |
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| Payme | ent Detail | ls: | Amount Recei | ived: | С | college Receipt | No. and Date: | | | |
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| reques other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. Student's Signature | | | | | | | | | |
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| This fo respon | orm is car nsibility o | refully scrutir of fulfillment/r | nized by the C rectification of | College staff and by | me. The information e/she is regular stude | | | | | dge. I also undertake the ndance and practical |
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| | University of Mumbai, Mumbai | | | | | | | | | |
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| | PRN: | Eligi | ibility Status: | Examination forr 029457 | m No.: | Division/Sectior | n: R | oll No.: | Bujahta | |
| 201701 | 16400845333 | | Eligible | | | С | | 261 | 12 agen | |
| Instruction N | Medium: | | | | | Nationality: | India | | | |
| | | | | Student's Pers | onal Informati | on | | | | |
| Student's Na | lame: DEVKA | AR PRAJAKT | A TUKARAM | | | Mother's Name | e: ANITA | | Gender: Female | |
| Name in Vernacular Language:देवकर प्राजक्ता तुकाराम | | | | | | | | | | |
| Address: Room no A-376 Sec-2 Airoli Navi Mumbai | | | | | | | | | | |
| City: Navi M | /lumbai, Taluka: | Thane, Distri | ct: Thane, State: M | aharashtra, PIN: 4007 | 08 | | | | | |
| Telephone r | | | | ile no: 917738108621 | | | Email : prajak | (tadevkar111 | 099@gmail.com | |
| DOB: Oct 11, 1999 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235705 (Status: Pass) | | | | | | | | | | |
| | appearance type | | | | | | | | | |
| Paper Detai | | ase select Par | per details which yo | ou want to appear (UA | , | ssessment,CA - | - College As | sessment) | ···· · | |
| | Paper Code | | | Paper Name | | | | <u> </u> | AM - AT | |
| 1 | | | | ng IX - Financial Accou | | | | Th-UA [] | | |
| 2 3 | | Business Eco | - | ng X - Cost Accounting | <u>J</u> | | | Th-UA [] | | |
| 3 | | Commerce V | | | | | | Th-UA [] Th-UA [] | | |
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| | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| cancelled or | r rejected. | | | C C | - | | | | tudent's Signature | |
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| This form is responsibilit | s carefully scrutin | nized by the C rectification of | College staff and by f the information. He | r me. The information p e/she is regular studen | | | | | | |
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| 20 | PR | N: 00845364 | Eligi | bility Status: | Examination for 029458 | | Division/Section: | _ | ll No.: 133 | H.R. chaudhari. |
| | | | | Eligible | | | | | 100 | |
| Instruc | ction Med | ium: | | | Student's Dor | sonal Informati | Nationality: | India | | |
| Studer | nt's Name | | | NT RAJENDRA | Student's Pers | sonal mornau | Mother's Name: K | | | Gender: Male |
| | | | | | | | | | | |
| Name in Vernacular Language:चौधरी हेमंत rajendra | | | | | | | | | | |
| | Address: c/102, sainath apartment ghodbunder road behind hypercity mall kasarvadavali, thane ,west | | | | | | | | | |
| , | City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400615 | | | | | | | | | |
| | elephone no.: Mobile no: 918655699326 Email : hemantchaudhari0703@gmail.com OB: Jul 14, 1999 Category: Reserved (ST) Physically Handican: No | | | | | | | | | |
| | DOB: Jul 14, 1999 Category: Reserved (ST) Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235663 (Status: Pass) | | | | | | | | | |
| | | earance type | | m iv (Regular-Rev i | 0) | | t. Api-2019 | | Seat NO. 02 | 55005 (Status, Pass) |
| | Details: | 21 | | ner details which vo | ou want to appear (U/ | A - I Iniversity A | ssessment CA - Co | llene Ass | essment) | |
| SN | | r Code | | | Paper Name | | | | , , | AM - AT |
| 1 | • | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | | | Т | ĥ-UA [] | |
| 2 | 83 | 007 | | | ng X - Cost Accountin | • | | Т | 'h-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | - | - | | Т | ĥ-UA [] | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Т | ĥ-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | Т | ⁻ h-CA[] | |
| 6 | 83 | 029 | Elements of | Operational Resea | ch Paper II | | | Т | ⁻ h-CA[] | |
| Convo | cation Fe | ee | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatior | Fees |
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| declar | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct | to the best of m | ny knowledge and be | elief. I | Date: | |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information e/she is regular studer | | | | | also undertake the ance and practical |
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| | PRI | | Ŭ | , | 029459 | - | Division/Section: | | D.: | Poatol | |
| 201 | 701640 | 0845372 | | Eligible | | | D | 365 | | | |
| Instructio | on Medi | um: | _ | | | | Nationality: | India | | | |
| <u></u> | | | | | Student's Pers | onal Informati | - | | | | |
| Student's | | | | | | | Mother's Name: YA | MINI | (| Gender: Male | |
| Address | : Room | no.4 Chawl | no. D,Khand | shwant Kondvilkar erao Nagar,Mithbu ler road,Thane(e) | nder road,Thane(e) Ro | oom no.4 Cha | wl no. D,Khanderao I | Nagar,Mithbu | under roa | ad,Thane(e) Room no.4 | |
| City: Tha | ity: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400603 | | | | | | | | | | |
| Telephor | ne no.: | | | Mobi | le no: 919833387850 | | Email | : prafulkond | vilkar@g | ımail.com | |
| DOB: No | ov 29, 1 | 999 | Cat | tegory: Reserved (S | SC) | Physically | Handicap: No | | | | |
| | | | | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | Sea | t No: 023 | 35885 (Status: Pass) | |
| Exam form appearance type: Fresher | | | | | | | | | | | |
| | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | | |
| SN Paper Code Paper Name AM - AT 1 83001 Financial Accounting and Auditing IX - Financial Accounting Th-UA [] | | | | | | | | | | | |
| 1 | 830 | | | • | ng X - Cost Accounting | <u> </u> | | Th-U | •• | | |
| 3 | | 013 | Business Ec | 0 | ng x - Cost Accounting | J | | Th-U | | | |
| 4 | | 013 014 | Commerce V | | | | | Th-U | | | |
| 5 | | | | direct Taxation Pag | per II | | | Th-C | | | |
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| Convoca | ation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | mination | Fees | |
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| other gro | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
| | | | | | | | | | St | udent's Signature | |
| This forn responsi | n is care ibility of | efully scrutir fulfillment/r | ectification of | College staff and by | me. The information p a/she is regular studen | rinted in the fo t of this Collec | orm is correct to the l ge and has completed | best of my kr d the require | nowledge d attenda | e. I also undertake the ance and practical | |
| Place: | | | | | _ | | | | | | |
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| | PR | | | jibility Status: | Examination for | | Division/Section: | Poll | No.: | |
| 20 | | 00845387 | Liig | Eligible | 029460 | | A A | | 14 | P.D.Bhatt |
| Instruct | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | | | | |
| Studen | t's Name | e: BHATT | PAREEN D | EEPAK | | | Mother's Name: P | ALLAVI | (| Gender: Male |
| Name i | in Verna | cular Langua | age:ભદ્ટ પરિન | ા દીપક | | | | | I. | |
| Address: 601, KRISHNA KUNJ NO 3 TAMBE NAGAR, SN ROAD MULUND WEST | | | | | | | | | | |
| | Address: 601, KRISHNA KUNJ NO 3 TAMBE NAGAR, SN ROAD MULUND WEST City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080 | | | | | | | | | |
| | | 25684968 | | | oile no: 919930615586 | | Ema | il : pbhatt5 | n@gmail.co | om |
| | Nov 05, 1 | | Ca | ategory: Open | | Physically | Handicap: No | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235648 (Status: Pass) | | | | | | | | | |
| Exam f | Exam form appearance type: Fresher | | | | | | | | | |
| Paper I | Details: | Plea | ase select Pa | aper details which y | ou want to appear (UA | - University A | ssessment,CA - Co | llege Asse | essment) | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Audi | ting IX - Financial Acco | unting | | Tł | n-UA [] | |
| 2 | 83 | 007 | Financial Ac | ccounting and Audi | ting X - Cost Accountin | g | | Tł | n-UA [] | |
| 3 | 83 | 013 | Business Ec | conomics VI | | | | Tł | n-UA [] | |
| 4 | 83 | 014 | Commerce ' | VI | | | | Tł | n-UA [] | |
| 5 | 83 | 015 | Direct and I | ndirect Taxation Pa | per II | | | Tł | n-CA[] | |
| 6 | 83 | 020 | Computer s | ystems and Applica | ations Paper II | | | Tł | ո-UA[];Th | -CA[] |
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| respon | sibility o | f fulfillment/r | ectification o | | y me. The information p le/she is regular studer | | | | | |
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| | | l o explor | e your personaliz | ed Job Opportunities, Cor http://mum.digitaluniv | npetitive Exams, Career Fair ersity.ac/. Activate your 'e-S | s etc., click on 'EAs uvidha' account an | d login today! | /idha' accou | nton | |
| 201- | PRN: 7016400 | | Ŭ, | bility Status: Eligible | Examination for 029461 | | Division/Section: E | | oll No.: 561 | Action |
| - | | | | Eligible | | | | | 501 | |
| Instructio | on Mediu | m: | | | | | Nationality: | India | | |
| Student's | Nomo | | | RGASHANKAR | Student's Pers | sonal Informati | on Mother's Name: U | | 1 | Gender: Female |
| | | | | | | | Informer's Name. O | SHADEV | I | |
| | | - | ige:वर्मा अंज | ` | | | | | | |
| | Address: ROOM NO 601 E WING BABA VIHAR NEHRU NAGAR | | | | | | | | | |
| , | City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400024 | | | | | | | | | |
| Telephor | | ~~ | | | le no: 918369927053 | | | il : verma | anjali676@g | mail.com |
| | DOB: Aug 09, 2000 Category: Reserved (OBC) Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236221 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
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| 2 | 8300 | | | | ng X - Cost Accountin | | | | [h-UA [] | |
| 3 | 8301 | 13 | Business Ec | | | • | | - | Гh-UA [] | |
| 4 | 8301 | 14 | Commerce V | / | | | | - | [h-UA [] | |
| 5 | 8301 | 15 | Direct and In | direct Taxation Pap | er II | | | - | [h-CA [] | |
| 6 | 8301 | 16 | Export Marke | eting Paper II | | | | ٦ | [h-CA [] | |
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| declare th | hat all sta | atement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct t | the best of n | ny knowledge and be | elief. I | Date: | |
| request for other gro | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
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| 20 | PR | N:)0845445 | Ĭ | bility Status: Eligible | Examination for 029462 | rm No.: | Division/Section: | _ | l No.: 62 | N. Ashwin |
| | tion Med | | | Ligible | | | Nationality: | India | - | |
| manuc | | ium. | | | Student's Per | sonal Informati | , | inula | | |
| Studen | it's Name | | SHWIN SRE | EKUMAR | Olddenits i ei | | Mother's Name: R | FMA | | Gender: Male |
| | | | | | | | | | | |
| Name in Vernacular Language:नायर अश्विन श्रीकुमार Address: FAM CHS LTD, FLAT NO 302, BLDC NO 2 PLOT NO 19/19, A SEC. 11, BONKODE | | | | | | | | | | |
| | Address: FAM CHS LTD, FLAT NO.302, BLDG NO.2 PLOT NO.19/19-A SEC-11, BONKODE City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400709 | | | | | | | | | |
| | one no.: | | a. Thane, Dis | | le no: 919867184434 | | Ema | il · ashwin | kannanrem | alathanair@gmail.com |
| | OB: Aug 31, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
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| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | ounting | | Т | h-UA [] | |
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| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatior | i Fees |
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| Payme | nt Detail | s: / | Amount Rece | ived: | C | ollege Receipt | No. and Date: | | | |
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| Center | Prefere | nce (Code/N | ame): | • | | 1 | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, The | e Contro | ller of Exam | nation, | | | | | | Place: | Vidyavihar |
| declare | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct bed for the examination | to the best of m | ny knowledge and be | elief. I | Date: | |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
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| respon | sibility o | f fulfillment/r | ectification of | | me. The information e/she is regular stude | | | | | e. I also undertake the ance and practical |
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| - | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ | | | | | | | | | | |
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| | | | | Application Form | for Examination of Su | mmer Sessio | n 2020 event. | | | | |
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| | | To explo | e your personaliz | ed Job Opportunities, Cor http://mum.digitaluniv | npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | etc., click on 'EAs vidha' account an | SY' link in your 'e-Suv d login today! | vidha' accour | nt on | | |
| | PR | N: | Eligi | bility Status: | Examination form 029463 | n No.: | Division/Section: | Ro | ll No.: | | |
| 20 | 01701640 | 00845461 | | Eligible | | | А | | 48 | Kann. Engeler | |
| Instruc | ction Med | ium: | | • | | | Nationality: | India | | | |
| | | | | | Student's Perso | onal Informati | on | | | | |
| Stude | Student's Name: KHAN SHEEFABANO JAMIL Mother's Name: SHABNAM Gender: Female | | | | | | | | | | |
| Name | lame in Vernacular Language:खान शिफाबानो जमील | | | | | | | | | | |
| Addre | Address: SEWA NAGAR, PESTOM SAGAR ROAD NO. 4 CHEMBUR | | | | | | | | | | |
| City: N | City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400089 | | | | | | | | | | |
| Telepł | none no.: | | | Mobi | le no: 919619690963 | | Emai | il : Atozs | SCRAPES@ | YAHOO.CO.IN | |
| DOB: | Feb 21, 2 | 000 | Ca | tegory: Open | | Physically | Handicap: No | | | | |
| Previo | us Lates | t Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | | Seat No: 02 | 36278 (Status: Pass) | |
| Exam | form app | earance type | e: Fresher | | | | | | | | |
| Paper | Details: | | ise select Pa | per details which yo | u want to appear (UA | - University A | Assessment,CA - Co | llege Ass | essment) | | |
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| 1 | 83 | 001 | Financial Ac | counting and Auditin | ng IX - Financial Accou | unting | | Т | `h-UA [] | | |
| 2 | | 007 | | 0 | ng X - Cost Accounting | | | | `h-UA [] | | |
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| 6 | | 020 | Computer sy | stems and Applicat | | | | ' | 'h-UA [] ;Th- | | |
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| To, Th | e Contro | ller of Exami | nation, | | | | | | Place: | Vidyavihar | |
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| | ancelled or rejected. Student's Signature | | | | | | | | | | |
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| | PRI | | | ibility Status: | Examination forn | | Division/Section: | R | oll No.: | |
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| Instructio | on Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | on | | | |
| Student's | s Name | e: KOKA | PARIN PRAK | (ASH | | | Mother's Name: H | ARSHA | | Gender: Male |
| Name in Vernacular Language:Parin | | | | | | | | | | |
| Address: PLOT NO 65/32, WARD 4/B NEAR EXCELSIOR SCHOOL, ADIPUR, KUTCH | | | | | | | | | | |
| City: AD | IPUR, | Faluka: Gan | dhidham, Dis | trict: Kachchh, Stat | te: Gujarat, PIN: 370205 | 5 | | | | |
| Telephor | | | | | ile no: 917405444625 | | | il : parink | oka1999@g | mail.com |
| DOB: No | | | | tegory: Open | | Physically | Handicap: No | | T | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235883 (Status: Pass) | | | | | | | | | .35883 (Status: Pass) | |
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| <u> </u> | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
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| 1 | | | | | ing IX - Financial Accou | | | | Th-UA [] | |
| 2 | | | | | ing X - Cost Accounting | J | | | Th-UA[] | |
| 3 | | 3013 | Business Eco | | | | | | Th-UA [] | |
| 4 | | 3014 | Commerce V | | | | | | Th-UA[] | |
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| Venue P | referer | nce (Code/Na | ame): | | | | | | | |
| l request declare t have gor | 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 gro | ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. Student's Signature | | | | | | | | | |
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| responsi | ibility of | of fulfillment/re | ectification of | | / me. The information p e/she is regular student | | | | | |
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| | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi zed Job Opportunities, Cor | versity of Mumb http://mum.digitalunive College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.` npetitive Exams, Career Fairs ersity.ac.'. Activate your 'e-Si | rsity.ac/ ce and Comm mmer Session /. B.ComSer setc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | vidha' account | on | |
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| Instruc | ction Mec | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Stude | nt's Nam | e: SIDDIC | QUE ADNAN | IKRAR | | | Mother's Name: F | ARZANA | (| Gender: Male |
| Name | ame in Vernacular Language:सिद्दीकी अदनान इकरार | | | | | | | | | |
| Addre | dress: BHOLA DATTA CHAWL NSS ROAD ASALFA VILLAGE GHATKOPAR WEST | | | | | | | | | |
| | r: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084 | | | | | | | | | |
| Telepł | none no.: | | | Mobi | le no: 918268275194 | | Emai | il : siddique | eadnan33@ | gmail.com |
| DOB: | DB: Dec 13, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | evious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236159 (Status: ATKT) | | | | | | | | | |
| Exam | kam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Asse | ssment) | |
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| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | unting | | Th | n-UA[] | |
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| 4 | | 014 | Commerce \ | | | | | | n-UA [] | |
| 5 | | 015 | | direct Taxation Pap | | | | | n-CA[] | |
| 6 | | 029 | Elements of | Operational Resear | | 1 | | ' | n-CA[] | _ |
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| l reque declar | est permi e that all | statement m | ent myself fo ade in this a | pplication are true, o | ination. I have remitted complete and correct to bed for the examinatio | o the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques other g | quest for any special concession such as change in time or day fixed for university Examination etc. on religious or any her ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| canee | | 001041 | | | | | | | St | udent's Signature |
| This for respon | orm is ca nsibility o | refully scrutir f fulfillment/r | ectification of | College staff and by | me. The information p /she is regular studen | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | 7 | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! N: Eligibility Status: Examination form No.: Division/Section: Roll No.: | | | | | | | | | | |
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| Instruction | Medium: | | | | | Nationality: | India | | | | | |
| | | | | Student's Per | rsonal Informati | on | | | | | | |
| Student's N | | DA ADITI KET | ΓΑΝ | | | Mother's Name: K | AVITA | | Gender: Female | | | |
| | Name in Vernacular Language:Aditi | | | | | | | | | | | |
| | Address: 403, PRINCE TOWER LBS MARG GHATKOPAR WEST | | | | | | | | | | | |
| , | | a, District: Mu | | tate: Maharashtra, Pll | | I | | | | | | |
| Telephone | | | | ile no: 919930270456 | - | | I : aditich | nheda5@gma | ail.com | | | |
| | DOB: Sep 27, 1999 Category: Open Physically Handicap: No | | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235680 (Status: Pass) | | | | | | | | | | | | |
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| 2 | 83007 | | | ing X - Cost Accountir | | | | Th-UA[] | | | | |
| 3 | 83013 | Business Eco | | | <u>'9</u> | | | Th-UA[] | | | | |
| 4 | 83014 | Commerce V | | | | | | Th-UA[] | | | | |
| 5 | 83015 | | direct Taxation Pap | per II | | | | Th-CA[] | | | | |
| 6 | 83016 | | eting Paper II | | | | | Th-CA[] | | | | |
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| | ference (Code/N | | | | | | | | | | | |
| I request po declare tha have gone request for other grour | 'o, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby eclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | | |
| Declaration | n by Principal/HC | D/Chairpers | | | | | | | | | | |
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| Instruc | ction Med | lium: | | 3 | | | Nationality: | India | | |
| | | | | | Student's Per | sonal Informati | on | | | |
| Stude | nt's Name | e: SHARI | MA ANJALI R | AJENDRA | | | Mother's Name: Yo | OGITA | (| Gender: Female |
| Name | in Verna | cular Langua | age:अंजली | | | | 1 | | | |
| | | | • | society sector-2 r | ear priyanka hotel ,o | nn anex soluti | ons Airoli Navi Mu | mbai-400 | 708 | |
| | | | | ane, State: Mahara | | | | | | |
| | ephone no.: Mobile no: 919594203575 Email : anjalirsharma010499@gmail.com | | | | | | | | | |
| DOB: | DB: Apr 01, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236132 (Status: Pass) | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| Paper | Details: | tails: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | 9 | | | | AM - AT |
| 1 | 83 | 6001 | | - | ng IX - Financial Acco | - | | Т | ĥ-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accountin | g | | Т | ĥ-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Т | ĥ-UA [] | |
| 4 | | 014 | Commerce \ | | | | | | ĥ-UA [] | |
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| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
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| This for respon | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information //she is regular stude | | | | | . I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

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| 20 | PR | N: 00845557 | Ŭ, | bility Status: Eligible | Examination for 029468 | m No.: | Division/Section: | | ll No.: 498 | Shiele. |
| | ction Med | | | Liigible | | | L Nationality: | India | | |
| msuuc | | ium. | | | Student's Pers | sonal Informati | , | inuia | | |
| Studer | nt's Name | E: SHAH | PRATIKSHA | KHUSHAL | | | Mother's Name: A | _KA SHA | Н | Gender: Female |
| Name | in Verna | | age:प्रतीक्षा ख् | | | | | - | | |
| | | - | - 0 | | WEST MUMBAI-4000 | 80 | | | | |
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| , | City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400080 Felephone no.: Mobile no: 918451999828 Email : pratikshashah587@gmail.com | | | | | | | | | |
| | OB: Jan 26, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236110 (Status: Pass) | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | A - University A | Assessment,CA - Co | llege Ass | sessment) | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | | - | ng IX - Financial Acco | - | | | [h-UA [] | |
| 2 | | 007 | | - | ng X - Cost Accountin | g | | | [h-UA [] | |
| 3 | | 013 | Business Ec | | | | | | [h-UA [] | |
| 4 | | 014 | Commerce V | - | | | | | [h-UA [] | |
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| l reque declar | est permi e that all | statement m | sent myself fo ade in this ap | oplication are true, o | ination. I have remitte complete and correct t bed for the examinatio | the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | | | | | | | | S | tudent's Signature |
| This for respor | orm is car nsibility o | efully scrutin f fulfillment/r | ectification of | College staff and by | me. The information e/she is regular studer | | | | | e. I also undertake the ance and practical |
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| a contraction of the second se | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Cor | http://mum.digitaluniv College of Arts, Scie for Examination of S its)-Regular-Rev16-T. | ersity.ac/ nce and Comm ummer Sessio Y. B.ComSer rs etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Sur | vidha' accou | int on | MITY ESSERE |
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| | PR | N: | Eligi | bility Status: | Examination for 029469 | | Division/Section: | Ro | oll No.: | See eless |
| 2 | 0170164 | 00845607 | | Eligible | | | E | | 540 | Dere |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Per | sonal Informati | - | | | |
| Stude | nt's Name | e: TALLA | SNEHA RAM | IESH | | | Mother's Name: T | EJASWIN | NI | Gender: Female |
| Name | in Verna | cular Langua | age:TALLA | स्नेहा रमेश | | | | | | |
| Addre | Address: room no 602 A WING KARMA SANKALP BLD 7TH ROAD RAJAWADI | | | | | | | | | |
| City: N | City: MUMBAI, Taluka: , District: Mumbai Suburban, State: Maharashtra, PIN: 400077 | | | | | | | | | |
| Telepł | Pelephone no.: Mobile no: 918655123545 Email : snehatalla09@gmail.com | | | | | | | | | |
| DOB: | OOB: Dec 28, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236183 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| - | Details: | | ase select Pa | per details which yo | ou want to appear (U | , | Assessment,CA - Co | Ilege Ass | sessment) | |
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| 1 | | 001 | | | ng IX - Financial Acco | - | | | Th-UA[] | |
| 2 | | 007 | | 0 | ng X - Cost Accountin | Ig | | | Th-UA[] | |
| 3 4 | | 013 014 | Business Ec | | | | | | Th-UA [] Th-UA [] | |
| 5 | | 015 | | direct Taxation Par | or II | | | | Th-CA[] | |
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| e e | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi zed Job Opportunities, Cor | http://mum.digitaluniv/ College of Arts, Scie for Examination of S its)-Regular-Rev16-T. mpetitive Exams, Career Fai | ersity.ac/ nce and Comn ummer Sessio Y. B.ComSei rs etc., click on 'EA3 | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | ridha' account o | n | |
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| motrac | | | | | Student's Per | sonal Informati | , | mala | | |
| Studer | nt's Name | E PANDI | T PREETI DE | | 014401101101 | | Mother's Name: S | HEETAL | (| Gender: Female |
| Name | in Verna | | age:पंडित प्री | | | | | | | |
| | | • | - | | | | IBLIR | | | |
| | Address: SHATABDI SOCIETY,SIDDHARTH COLONY DHANU PANDIT,CHAWL NO.37 CHEMBUR City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400071 | | | | | | | | | |
| , | City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 4000/1 Felephone no.: Mobile no: 918586502010 Email : kbkasare@gmail.com | | | | | | | | | |
| | DOB: Jul 01, 2000 Category: Reserved (SC) Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236302 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (U | A - University A | Assessment,CA - Co | llege Asses | sment) | |
| SN | Pape | r Code | | | Paper Name | 9 | | _ | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | ounting | | Th- | UA[] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | g | | Th- | UA[] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Th- | UA[] | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Th- | UA[] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | per II | | | Th- | CA[] | |
| 6 | 83 | 023 | Investment A | Analysis and Portfol | io Management Pape | r II | | Th- | CA[] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | Ex | amination | Fees |
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| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, Th | e Contro | ller of Exam | ination, | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct | to the best of n | ny knowledge and be | elief. I | Date: | |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information e/she is regular studer | | | | | e. I also undertake the ance and practical |
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| | To expl | ore your personaliz | S. K. Somaiya Application Form B.Com.(with Cred | tversity of Mumba http://mum.digitalunivers College of Arts, Science for Examination of Sur its)-Regular-Rev16-T.Y mpetitive Exams, Career Fairs (| sity.ac/ ce and Comm nmer Session . B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' account or | 1 | | |
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| Instructio | on Medium: | | | | | Nationality: | India | | | |
| | | | | Student's Perso | onal Informati | on | | | | |
| Student's | Name: PATE | L KUNAL NAM | 1JI | | | Mother's Name: JA | ASU | (| Gender: Male | |
| Name in | Name in Vernacular Language:પટેલ કુણાલ નાનજી | | | | | | | | | |
| Address: 205,GURU NIWAS KISAN NAGAR 2, WAGALE ESTATE THANE | | | | | | | | | | |
| City: THA | City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604 | | | | | | | | | |
| Telephor | ne no.: | | Mob | le no: 918450931832 | | Emai | l : kp507573 | 1@gmail | .com | |
| DOB: Ma | DOB: May 29, 1998 Category: Open Physically Handicap: No | | | | | | | | | |
| Previous | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235989 (Status: ATKT) | | | | | | | | | |
| Exam for | Exam form appearance type: Fresher | | | | | | | | | |
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| SN | Paper Code | | | Paper Name | | | | | AM - AT | |
| 1 | 83001 | | - | ng IX - Financial Accou | nting | | | JA [] | | |
| 2 | 83007 | | | ng X - Cost Accounting | | | | JA[] | | |
| 3 | 83013 | Business Ec | | | | | | JA[] | | |
| 4 5 | 83014 83015 | Commerce \ | | ar II | | | | JA[] | | |
| 5 6 | 83015 | | ndirect Taxation Pap eting Paper II | | | | | CA[] CA[] | | |
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| declare tl | hat all statement r | nade in this a | pplication are true, o | ination. I have remitted complete and correct to bed for the examination | the best of m | ny knowledge and be | elief. I | Date: | | |
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| | ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
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| | ion by Principal/H | - | | me. The information pr | inted in the f | arm is correct to the | haat of my k | nowlodge | l alao undortako tha | |
| responsil | | rectification of | f the information. He | e/she is regular student | | | | | | |
| Place: | | | | _ | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | 4 | To explo | re your personaliz | S. K. Somaiy Application For B.Com.(with Cre | hiversity of Mumb http://mum.digitaluniver a College of Arts, Scien m for Examination of Su dits)-Regular-Rev16-T. competitive Exams, Career Fairs | sity.ac/ ce and Comm mmer Session /. B.ComSer etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suy | vidha' account | : on | | Les la |
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| | PR | N: | Eligi | bility Status: | Examination form 029472 | n No.: | Division/Section: | Roll | No.: | KARAN | KIMAR |
| 20 | 1701640 | 0845646 | Р | rovisional | | | E | 5 | 76 | (VI SKI13 | NOTIN |
| Instruct | tion Med | ium: | - | | | | Nationality: | India | | | |
| | | | | | Student's Pers | onal Informati | on | | | | |
| Studen | t's Name | : Kara l | N KUMAR BH | ASKAR KUMAR | | | Mother's Name: K/ | ALPANA | (| Gender: Male | |
| Name i | n Verna | cular Langua | age:करन कुमा | र | | | | | | | |
| Address: ROOM NUMBER-1, 175 OLD BARRACK OPPOSITE MS BUILDING NUMBER-26 CHEMBUR COLONY | | | | | | | | | | | |
| City: M | City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400074 | | | | | | | | | | |
| Teleph | Telephone no.: Mobile no: 919997861133 Email : kk4355035@gmail.com | | | | | | | | | | |
| DOB: N | DOB: Nov 29, 1997 Category: Reserved (SC) Physically Handicap: No | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235593 (Status: Pass) | | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | | |
| Paper I | Details: | Plea | ase select Pa | per details which | you want to appear (UA | - University A | ssessment,CA - Co | llege Asse | essment) | | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT | |
| 1 | 83 | 001 | Financial Ac | counting and Aud | ting IX - Financial Accou | unting | | Tł | n-UA[] | | |
| 2 | 83 | 007 | Financial Ac | counting and Aud | ting X - Cost Accounting | 1 | | Tł | n-UA[] | | |
| 3 | | 013 | Business Ec | | | | | | n-UA [] | | |
| 4 | | 014 | Commerce \ | | | | | | n-UA [] | | |
| 5 | | 015 | | direct Taxation Pa | aper II | | | | n-CA[] | | |
| 6 | | 016 | Export Marke | <u> </u> | | | | | n-CA[] | | |
| | cation Fe | | | Exam Form Late | Fee | Exam Form | Super Late Fee | E | Examination | Fees | |
| Mark S | tatemen | t Fee | | Total: | | | | | | | |
| Payme | nt Detail | s: / | Amount Rece | ived: | Col | lege Receipt | No. and Date: | | | | |
| DD No: | : | | | MICR No: | I | DD Date: | | B | ank: | | |
| Center | Prefere | nce (Code/N | ame): | I | | | | | | | |
| Venue | Preferer | ice (Code/N | ame): | | | | | | | | |
| To, The | e Contro | ller of Exam | nation, | | | | | | Place: | Vidyavihar | |
| declare | that all | statement m | ade in this ap | oplication are true | mination. I have remitted complete and correct to ribed for the examination | o the best of m | ny knowledge and be | elief. I | Date: | - | |
| request other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
| cancell | ea or rej | ected. | | | | | | | St | udent's Signat | ure |
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| respon | sibility o | f fulfillment/r | ectification of | | y me. The information p le/she is regular studen | | | | | | |
| Place: | | | | | _ | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | |

| | | | | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su its)-Regular-Rev16-T. | ersity.ac/ nce and Comm ummer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | | | |
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| 20 | PR | | Eligi | bility Status: | Examination for 029473 | | Division/Section: B | | oll No.: 173 | Cusielet. |
| | | 00845727 | | Eligible | | | | | 175 | ~ |
| Instruc | tion Med | lium: | | | Chudantle Dave | | Nationality: | India | | |
| Studer | nt's Name | | | VIND SINGH | Student's Pers | sonal informati | Mother's Name: R | ΔΙΔΝΙΙ | | Gender: Female |
| | | | | | | | | | | |
| | Name in Vernacular Language:बिष्ट गुंजन गोविन्द सिंह | | | | | | | | | |
| | Address: C - 302, PURPLE BERRY, MULBERRY MEADOWS GODREJ HILL, KHADAKPADA KALYAN WEST | | | | | | | | | |
| | City: KALYAN, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421301 Telephone no.: Mobile no: 917208753041 Email : GUNJANBISHT72@GMAIL.COM | | | | | | | | | |
| | one no.: | | Co | | le no: 917208753041 | Dhysically | I | II: GUNJ | ANBISHT | |
| | DOB: Jan 10, 2000 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236257 (Status: Pass) | | | | | | | | | |
| | ixam form appearance type: Fresher | | | | | | | | | |
| | Details: | <i>,</i> , | | per details which vo | ou want to appear (UA | A - University A | Assessment CA - Co | llege Ass | sessment) | |
| SN | | r Code | | | Paper Name | - | , | | , , , | AM - AT |
| 1 | | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | | | | Th-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | g | | • | Th-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | - | Th-UA [] | |
| 4 | 83 | 014 | Commerce \ | /1 | | | | - | Th-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | oer II | | | - | Th-CA [] | |
| 6 | 83 | 029 | Elements of | Operational Resea | rch Paper II | | | - | Th-CA[] | |
| Convo | cation Fe | ee | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatio | on Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
| Payme | ent Detai | le | Amount Rece | ived: | 0 | llege Receipt | No. and Date: | | | |
| DD No | | ······································ | | MICR No: | 00 | DD Date: | No. and Date. | | Bank: | |
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| | | ller of Exam | , | | | | | | Place | : Vidyavihar |
| declar | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct t | o the best of m | ny knowledge and be | elief. I | Date: | · · · · · · · · · · · · · · · · · · · |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancer | ieu or rej | ecieu. | | | | | | | 9 | Student's Signature |
| Declar | ation by | Principal/HC | D/Chairperso | on | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular studer | | | | | ge. I also undertake the dance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| - | | | | S. K. Somaiya Application Form B.Com.(with Cred | versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.Y | <u>sity.ac/</u> ce and Comm mmer Sessio ′. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | | | |
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| 2 | PR | N: 00845766 | Eligi | bility Status: | Examination form 029474 | | Division/Section: C | _ | ll No.: 234 | U.R.Borle |
| | | | | Eligible | | | | | 204 | |
| Instruc | ction Med | lium: | | | Chude atta Deve | | Nationality: | India | | |
| Studo | nt's Name | | UJWAL RA | | Student's Perso | onal informati | on Mother's Name: SI | | | Gender: Male |
| | | | | | | | | | | |
| | | | age:बोर्ले उज्व | | | | | | | |
| | | | | HIVAJI NAGAR 2nd | | | | | | |
| | City: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601 | | | | | | | | | |
| | Delephone no.: Mobile no: 919867008170 Email : ujwal.borle28@gmail.com IOB: Jun 17, 1999 Category: Reserved (OBC) Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235652 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| | am form appearance type: Fresher per Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | |
| SN | | r Code | | per detaile which ye | Paper Name | Oniversity / | | | cooment) | AM - AT |
| 1 | • | 001 | Financial Ac | counting and Auditi | ng IX - Financial Accou | Inting | | т | - h-UA [] | |
| 2 | 83 | 007 | | | ng X - Cost Accounting | - | | | | |
| 3 | 83 | 013 | Business Ec | onomics VI | | · | | Т | | |
| 4 | 83 | 014 | Commerce \ | /I | | | | т | "h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | Т | ⁻ h-CA [] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | Т | ⁻ h-CA[] | |
| Convo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees |
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| | | ller of Exami | , | | | | | | Place: | Vidyavihar |
| l reque declar | est permi e that all | ssion to pres statement m | ent myself fo ade in this ap | oplication are true, o | ination. I have remitted | the best of n | ny knowledge and be | elief. I | Date: | |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | ecieu. | | | | | | | St | udent's Signature |
| Decla | ration by | Principal/HC | D/Chairperso | on | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular student | | | | | |
| Place: | : | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | L. | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | http://mum.digitaluniv http://mum.digitaluniv College of Arts, Scie for Examination of S its)-Regular-Rev16-T. mpetitive Exams, Career Fai ersity.ac/. Activate your 'e | versity.ac/ ence and Comm Summer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accou | unt on | |
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| | PR | | | ibility Status: | Examination for 029475 | orm No.: | Division/Section: | R | oll No.: | 喜 |
| 20 | 170164 | 00845782 | | Eligible | | | D | | 441 | - 12- |
| Instruct | tion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Per | rsonal Informati | on | | | |
| Studen | it's Name | E QURE | SHI HASHIM | PEER MOHAMME | D | | Mother's Name: A | AFIYA | | Gender: Male |
| Name i | n Verna | cular Langua | age:Qureshi H | lashim | | | | | | |
| Addres | s: Chaw | I no 8 room | no 7, group n | o 2 vikhroli east tag | ore nagar mumbai 40 | 00083 | | | | |
| City: M | ty: Mumbai, Taluka: vikhroli, District: , State: Maharashtra, PIN: 400083 | | | | | | | | | |
| Teleph | Felephone no.: Mobile no: 917303798429 Email : hashimqureshi26@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: 0236033 (Status: Pass) | | | | | | | | | | |
| Exam f | Exam form appearance type: Fresher | | | | | | | | | |
| Paper I | Details: | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | e | | | | AM - AT |
| 1 | 83 | 6001 | Financial Ac | counting and Auditir | ng IX - Financial Acco | ounting | | | Th-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accountir | ng | | | Th-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | | Th-UA [] | |
| 4 | 83 | 014 | Commerce V | / | | | | | Th-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | ber II | | | | Th-CA[] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | | Th-CA[] | |
| Convoo | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatio | n Fees |
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| Payme | nt Detail | .s: / | Amount Rece | ived: | C | ollege Receipt | No. and Date: | | | |
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| Center | Prefere | nce (Code/N | ame): | | | | | | | |
| Venue | Preferer | nce (Code/Na | ame): | | | | | | | |
| l reque declare have go request other g | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| Declara | ation by | Principal/HC | D/Chairperso | | | | | | | Stadent o Olghatare |
| This for respon | rm is cai sibility o | refully scrutir f fulfillment/r | nized by the C ectification of | College staff and by | me. The information e/she is regular stude | | | | | e. I also undertake the dance and practical |
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| | P. C. | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Cred ed Job Opportunities, Co | Versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su its)-Regular-Rev16-T.Y mpetitive Exams, Career Fairs | sity.ac/ ce and Comm mmer Session ′. B.ComSer etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | ridha' accourt | it on | |
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| | PR | N: | Eligi | bility Status: | ersity.ac/. Activate your 'e-Su Examination form | | Division/Section: | Ro | ll No.: | |
| 20 | | 00845832 | | Eligible | 029476 | | С | _ | 217 | Bharry |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | on | | | |
| Studer | nt's Name | e: BHANI | JSHALI BHA' | VIN SHANKARLAL | | | Mother's Name: Y | ASHODA | | Gender: Male |
| Name | in Verna | cular Langua | age:भानुशाली | भाविन शंकरलाल | | | | | | |
| | Address: 05 , 1ST FLOOR SHIV SHANTI SADAN , TUKARAM NAGAR AYRE ROAD | | | | | | | | | |
| | ity: DOMBIVLI, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201 | | | | | | | | | |
| | elephone no.: Mobile no: 918879180697 Email : bhavinbhanushali2000@gmail.com | | | | | | | | | |
| | OB: Jan 07, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235626 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Ass | essment) | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 6001 | Financial Ac | counting and Auditi | ng IX - Financial Accou | Inting | | Т | ĥ-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | I | | Т | ĥ-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Т | ĥ-UA [] | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Т | ĥ-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Par | ber II | | | Т | ĥ-CA [] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | Т | ĥ-CA [] | |
| Convo | cation Fe | ee | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatior | n Fees |
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| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, Th | e Contro | ller of Exami | nation, | | | | | | Place: | Vidyavihar |
| declare | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitted complete and correct to bed for the examination | the best of m | ny knowledge and be | elief. I | Date: | |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancer | ieu or rej | ecieu. | | | | | | | S | tudent's Signature |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p /she is regular student | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | To exp | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! | | | | | | | | | | | |
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| | PRN: | Elig | ibility Status: | 029477 | | Division/Sectio | n: R | oll No.: | Met.K. | | | | |
| 2017 | 7016400845863 | | Eligible | | | С | | 256 | 2 00 | | | | |
| Instructio | n Medium: | | | | | Nationality: | India | | | | | | |
| 0 | | | | Student's Pers | sonal Informati | - | DDIT | | | | | | |
| Student's | | MEET KIRIT | | | | Mother's Nam | e: PRITI | | Gender: Male | | | | |
| | Vernacular Lang | - | | | | | | | | | | | |
| | | | inagar, LBS Marg | | | | | | | | | | |
| | City: bhandup, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078 Felephone no.: Mobile no: 918454004919 Email : heenamomaya11@gmail.com | | | | | | | | | | | | |
| Telephon | | | | ile no: 918454004919 | | | Email : heen | amomaya11 | @gmail.com | | | | |
| DOB: Nov 03, 1999 Category: Open Physically Handicap: No | | | | | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235694 (Status: Pass) Exam form appearance type: Erester | | | | | | | | | | | | |
| Exam form appearance type: Fresher Paper Details Paper Det | | | | | | | | | | | | | |
| SN SN | aper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) SN Paper Code Paper Name AM - AT | | | | | | | | | | | | |
| 1 | 83001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | | | | Th-UA [] | | | | | |
| 2 | 83007 | | • | ng X - Cost Accountin | • | | | Th-UA[] | | | | | |
| 3 | 83013 | Business Ec | | | 5 | | | Th-UA[] | | | | | |
| 4 | 83014 | Commerce | VI | | | | | Th-UA[] | | | | | |
| 5 | 83015 | Direct and Ir | ndirect Taxation Par | ber II | | | | Th-CA[] | | | | | |
| 6 | 83016 | Export Mark | eting Paper II | | | | | Th-CA[] | | | | | |
| Convocat | tion Fee | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatio | on Fees | | | | |
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| | Controller of Exar | - | | | | | | Place | : Vidyavihar | | | | |
| l request declare th | permission to pre nat all statement | esent myself for made in this a | pplication are true, o | ination. I have remitte complete and correct t bed for the examinatic | o the best of n | ny knowledge ar | nd belief. I | | | | | | |
| other grou | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | | | |
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| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | | | |

| | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | http://mum.digitalunive http://mum.digitalunive a College of Arts, Scier n for Examination of Su lits)-Regular-Rev16-T.` mpetitive Exams, Career Fair versity.ac/. Activate your 'e-Si | ersity.ac/ nce and Comm ummer Sessior Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accol | unt on | |
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| P | RN: | | ibility Status: | Examination for 029478 | | Division/Section: | R | oll No.: | aller |
| 20170164 | 400845871 | | Eligible | | | D | | 420 | Une |
| Instruction Me | dium: | | | | | Nationality: | India | | |
| | | | | Student's Pers | sonal Information | - | | | 1 |
| Student's Nan | | UMESH PRE | EMJI | | | Mother's Name: JA | YSHRE | E | Gender: Male |
| Name in Vernacular Language:UMESH | | | | | | | | | |
| Address: A/603,PANCHRATNA CHS N.S.S ROAD | | | | | | | | | |
| , | , | nbai, District: | | e: Maharashtra, PIN: 4 | | | | | |
| Telephone no | | | | ile no: 917506050912 | | | l : upate | 19820@gma | il.com |
| DOB: Sep 02, 1999 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular Rev16) Exam Event: Apr. 2019 Seat No: 0235996 (Status: Pass) | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235996 (Status: Pass) Exam form appearance type: Fresher | | | | | | | | | |
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| - | 33007 | | | ing X - Cost Accounting | | | | Th-UA[] | |
| | 33013 | Business Eco | • | <u></u> | 9 | | | Th-UA[] | |
| | 33014 | Commerce V | | | | | | Th-UA[] | |
| 5 8 | 33015 | Direct and In | ndirect Taxation Pap | per II | | | | Th-CA[] | |
| 6 8 | 33016 | Export Marke | eting Paper II | | | | | Th-CA [] | |
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| I request pern declare that a have gone thr request for an other ground. | To, The Controller of Examination, Place: Vidyavihar request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby Place: Vidyavihar leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I Date: Date: lave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not Date: Date: equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any The control of any information being found false or incorrect, my candidature is liable to be State ancelled or rejected. State State State | | | | | | | | |
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| 21 | PR | N: 00845913 | Ŭ Ŭ | bility Status: Eligible | Examination for 029479 | | Division/Section: C | | II No.: 223 | treasural |
| | ction Med | | | Ligible | | | Nationality: | India | | |
| msuud | | ium. | | | Student's Per | sonal Informati | , | Inula | | |
| Studer | nt's Name | e BHANI | JSHALI KRIS | HNA JAYANTILAL | Oldeni si en | | Mother's Name: JA | MNA | | Gender: Female |
| | | | | कृष्णा जयंतीलाल | | | | | | |
| | | | • | - | | 100086 | | | | |
| | Address: ROOM NO. 314 SHINDE CHAWL AZAD NAGAR GHATKOPAR WEST 400086 | | | | | | | | | |
| , | City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086 ielephone no.: Mobile no: 919820252946 Email : bhadrakrishna45@gmail.com | | | | | | | | | |
| | ODB: Nov 25, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235632 (Status: ATKT) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (U | A - University A | Assessment,CA - Co | llege Ass | essment) | |
| SN | Pape | r Code | | | Paper Name | ; | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | ounting | | ٦ | [h-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accountin | g | | ٢ | [h-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | ٦ | [h-UA [] | |
| 4 | 83 | 014 | Commerce \ | / | | | | ٢ | [h-UA [] | |
| 5 | 83 | 015 | | direct Taxation Pap | er II | | | | [h-CA [] | |
| 6 | | 016 | Export Marke | | | 1 | | | [h-CA[] | |
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| reques other of | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | ecleu. | | | | | | | St | tudent's Signature |
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| Place: | | | | | _ | | | | | |
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| 2(| PR | N:)0845921 | Ŭ, | bility Status: Eligible | Examination for 029480 | | Division/Section: F | | ll No.: 767 | P |
| | tion Med | | | Ligible | | | Nationality: | India | | |
| mouuc | | ium. | | | Student's Per | sonal Informati | · · · , | India | | |
| Studer | nt's Name | | N RAHUL R | AJBIR | Gludent's r etc | | Mother's Name: R | | RI | Gender: Male |
| | | | age:कायदान र | | | | | | | |
| | | - | - | 9 | C P rood | | | | | |
| | Address: A/404,gardenia,prestige residency, waghbil naka, G B road, Dity: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400613 | | | | | | | | | |
| , | elephone no.: Mobile no: 919930752127 Email : rahulkaydan9@gmail.com | | | | | | | | | |
| | OB: Sep 29, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235859 (Status: Pass) | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
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| 1 | 83 | 001 | Financial Aco | counting and Auditi | ng IX - Financial Acco | unting | | Т | [h-UA [] | |
| 2 | 83 | 007 | Financial Aco | counting and Auditi | ng X - Cost Accountin | g | | Т | [h-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Т | [h-UA [] | |
| 4 | 83 | 014 | Commerce V | /1 | | | | Т | [h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | Т | [] h-CA | |
| 6 | 83 | 023 | Investment A | nalysis and Portfol | o Management Pape | | | <u>т </u> | [] [] [h-CA | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees |
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| reques | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not quest for any special concession such as change in time or day fixed for university Examination etc. on religious or any her ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
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| S | P To ex | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Suvidha' account on http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! | | | | | | | | | | |
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| 2017 | PRN: 016400845944 | Eligi | bility Status: Eligible | Examination fo 029481 | - | Division/Section: D | Roll N 384 | | Sanciela | | | |
| Instruction | Medium | | 3 | | | Nationality: | India | | | | | |
| monuction | | | | Student's Per | sonal Informati | - | Inula | | | | | |
| Student's | Name: MUE | E SAMIDHA P | RAVIN | Olddenits i ei | | Mother's Name: SI | ATIN | | Gender: Female | | | |
| | | uage:मुडे समिध | | | | | | | | | | |
| | | • | | st 502,Fortuna A,lodh | a paradise,maj | iwada,thane west 50 |)2,Fortuna A | A,lodha pa | radise,majiwada,thane | | | |
| City: mum | City: mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601 | | | | | | | | | | | |
| Telephone | elephone no.: Mobile no: 919967291778 Email : samidhamude@gmail.com | | | | | | | | | | | |
| DOB: Jun | DB: Jun 23, 1999 Category: Open Physically Handicap: No | | | | | | | | | | | |
| Previous L | evious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235930 (Status: Pass) | | | | | | | | | | | |
| | n appearance t | • | | | | | | | | | | |
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| 1 | 83001 | | | ng IX - Financial Acc | | | | UA[] | | | | |
| 2 | 83007 | | - | ng X - Cost Accountii | ng | | | UA[] | | | | |
| 3 | 83013 | Business Ec | | | | | | UA[] | | | | |
| 4 | 83014 | Commerce \ | | | | | | UA[] | | | | |
| 5 | 83015 | | direct Taxation Par | ber II | | | | CA[] | | | | |
| 6 | 83016 | Export Marke | eting Paper II | • | | | l | CA[] | F | | | |
| Convocati | on Fee ement Fee | | Exam Form Late F | -66 | Exam Form | Super Late Fee | EX | amination | Fees | | | |
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| I request p declare the have gone request fo other grou | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | | | |
| | ancelled or rejected. Student's Signature Declaration by Principal/HOD/Chairperson | | | | | | | | | | | |
| This form responsib | is carefully scru ility of fulfillmer | utinized by the (| College staff and by the information. He | me. The information e/she is regular stude | | | | | e. I also undertake the ance and practical | | | |
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| 20 | PR 170164 | N:)0845952 | _ | bility Status: Eligible | Examination forr 029482 | n No.: | Division/Section: | Ro | oll No.: 382 | Rome |
| | ion Med | | | | | | Nationality: | India | | |
| motraot | | | | | Student's Pers | onal Informati | | | | |
| Studen | t's Name | E: MORE | DIKSHITA A | NIL | | | Mother's Name: SI | USHMA | | Gender: Female |
| Name i | n Verna | cular Langua | age:DIKSHIT/ | AA | | | | | | |
| Addres | s: 5A/38 | ,NABARD S | TAFF QTRS | DAMODAR PARK | LBS ROAD | | | | | |
| City: M | ity: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086 | | | | | | | | | |
| Telepho | elephone no.: Mobile no: 917045395403 Email : dikshitamore2@gmail.com | | | | | | | | | |
| DOB: D | OB: Dec 22, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235924 (Status: Pass) | | | | | | | | | |
| Exam fo | xam form appearance type: Fresher | | | | | | | | | |
| Paper [| Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege As | sessment) | |
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| 1 | | 001 | | | ng IX - Financial Accor | | | | Th-UA [] | |
| 2 | | 007 | | | ng X - Cost Accounting | J | | | Th-UA [] | |
| 3 | | 013 | Business Eco | | | | | | Th-UA [] | |
| 4 | | 014 | Commerce V | | | | | | Th-UA[] | |
| 5 | | 015 | | direct Taxation Pap | ber II | | | | Th-CA[] | |
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| l reques declare have go | st permi that all one thro | statement mugh the sylla | sent myself fo ade in this ap bus and the l | oplication are true, oplication are true, oplication are true, of books prescrib | ination. I have remitted complete and correct to bed for the examinatio | o the best of n n for which I a | ny knowledge and be im appearing. I shall | elief. I not | Place: Date: | Vidyavihar |
| other g | quest for any special concession such as change in time or day fixed for university Examination etc. on religious or any her ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ncelled or rejected. Student's Signature | | | | | | | | | |
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| This for responsion | m is ca sibility o | efully scrution f fulfillment/r | nized by the C ectification of | College staff and by | me. The information p e/she is regular studen | | | | | e. I also undertake the lance and practical |
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| | To explc | re your personaliz | S. K. Somaiya Application Form B.Com.(with Cred | iversity of Mumba http://mum.digitalunivers a College of Arts, Science n for Examination of Sur dits)-Regular-Rev16-T.Y pompetitive Exams, Career Fairs versity.ac/. Activate your 'e-Sur | sity.ac/ ce and Comm mmer Session 7. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | 'e-Suvidha' acco | unt on | | |
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| 2017 | 7016400846007 | | Eligible | | III | С | | 292 | Josephich. | |
| Instructio | on Medium: | | | | | Nationality: | India | | | |
| | | | | Student's Perso | onal Informati | on | | | | |
| Student's | Name: GOPA | LE JAGDISH | DNYANDEO | | | Mother's Nam | ne: RANJANA | A | Gender: Male | |
| Name in | Vernacular Langu | age:जगदीश र | गानदेव गोपाळे | | | | | | | |
| Address: | Address: C-363,SECTOR-2 AIROLI NAVI MUMBAI | | | | | | | | | |
| City: AIR | City: AIROLI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400708 | | | | | | | | | |
| Telephor | elephone no.: Mobile no: 918692920300 Email : JAGDISHDGOPALE1999@GMAIL.COM | | | | | | | | | |
| DOB: Jar | OOB: Jan 01, 1900 Category: Open Physically Handicap: No | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235758 (Status: ATKT) | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
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| SN | Paper Code | | | Paper Name | | | | | AM - AT | |
| 1 | 83001 | | | ing IX - Financial Accou | | | | Th-UA [] | | |
| 2 | 83007 | | | ing X - Cost Accounting | | | | Th-UA [] | | |
| 3 | 83013 | Business Eco | | | | | | Th-UA[] | | |
| 4 | 83014 | Commerce V | | | | | | Th-UA[] | | |
| 5 6 | 83015 83016 | | ndirect Taxation Pa eting Paper II | per II | | | | Th-CA [] Th-CA [] | | |
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| I request declare the have gond request for other gro | request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby eclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| Declarati | ion by Principal/HC |)D/Chairperso | on | | | | | | aaonio olgilalaio | |
| This form responsil | n is carefully scruti | nized by the C rectification of | College staff and by f the information. H | y me. The information pr e/she is regular student | | | | | | |
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| | | Το εχοίο | re vour personaliz | S. K. Somaiya Application Form B.Com.(with Cred | tversity of Mumba http://mum.digitalunivers College of Arts, Science for Examination of Sun its)-Regular-Rev16-T.Y. mpetitive Exams, Career Fairs of | ity.ac/ ee and Comn nmer Sessio B.ComSei | nerce (540) n 2020 event. n VI [2C00146] | vidha' account c | ρŋ | | |
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| | PR | N: | Eligi | bility Status: | Examination form 029484 | | Division/Section: | Roll I | No.: | Nikest | |
| 201 | 1701640 | 00846015 | | Eligible | | | F | 64 | 8 | V | |
| Instruct | ion Med | lium: | | | | | Nationality: | India | | | |
| | | | | | Student's Perso | nal Informati | on | | | | |
| Student | 's Name | e: JHAVE | RI NIKESH K | (ETAN | | | Mother's Name: JL | JLIE | | Gender: Male | |
| Name ir | n Verna | cular Langua | age:ઝવેરી નિકે | કેશ કેતન | | | | | | | |
| Address | s: 271/2 | KamalDeep | OPP.SION | HOSPITAL GATE N | NO.7 SION WEST | | | | | | |
| City: Ml | ity: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400022 | | | | | | | | | | |
| Telepho | elephone no.: 24076120 Mobile no: 919699666592 Email : nikesh.k.jhaveri@gmail.com | | | | | | | | | | |
| DOB: M | lar 08, 1 | 999 | Cat | tegory: Open | | Physically | Handicap: No | | | | |
| Previou | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235831 (Status: Pass) | | | | | | | | | | |
| Exam fo | Exam form appearance type: Fresher | | | | | | | | | | |
| Paper D | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA - | University A | Assessment,CA - Co | llege Asses | ssment) | | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT | |
| 1 | 83 | 001 | | | ng IX - Financial Accour | nting | | Th | -UA[] | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | | | Th | -UA[] | | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Th | -UA[] | | |
| 4 | 83 | 014 | Commerce V | /I | | | | Th | -UA[] | | |
| 5 | 83 | 015 | Direct and In | direct Taxation Par | ber II | | | Th | -CA[] | | |
| 6 | 83 | 023 | Investment A | analysis and Portfol | io Management Paper I | I | | Th | -CA[] | | |
| Convoc | ation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | xaminatior | n Fees | |
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| Paymer | nt Detail | s: / | Amount Rece | ived: | Colle | ege Receipt | No. and Date: | | | | |
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| Venue I | Preferer | nce (Code/N | ame): | | | | | | | | |
| To, The | Contro | ller of Exami | ination, | | | | | | Place: | Vidyavihar | |
| declare | that all | statement m | ade in this ap | oplication are true, o | ination. I have remitted complete and correct to bed for the examination | the best of n | ny knowledge and be | elief. I | Date: | | |
| request other gr | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not quest for any special concession such as change in time or day fixed for university Examination etc. on religious or any her ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
| cancent | eu or rej | ecieu. | | | | | | | St | tudent's Signature | |
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| respons | sibility o | f fulfillment/r | ectification of | College staff and by the information. He information. | me. The information pr e/she is regular student | inted in the f of this Colleo | orm is correct to the ge and has complete | best of my d the requi | knowledge red attend | e. I also undertake the ance and practical | |
| Place: | | | | | _ | | | | | | |
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| | | To explo | e your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Cor | versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | sity.ac/ ce and Comm mmer Sessio ′. B.ComSer etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | <i>v</i> idha' accou | nt on | |
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| | PR | N: | Eligi | bility Status: | Examination forr 029485 | | Division/Section: | Ro | II No.: | 0 |
| 20 | 01701640 | 00846062 | Ū | Eligible | | | E | | 509 | Or |
| Instruc | tion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Perse | onal Informati | on | | | |
| Studer | nt's Name | e: SHAIK | H UMMAIYA | MUBARAK ALI | | | Mother's Name: R | AZIYA | (| Gender: Female |
| Name | in Verna | cular Langua | age:शेख उमैय | ा मुबारक अली | | | | | | |
| Addres | Address: MOHAN SMRUTI BUILDING, ROOM NO. 4, GR. FLOOR, NEAR GUPTA OIL DEPO, KISAN NAGAR NO.2, ROAD NO.16, WAGLE ESTATE, | | | | | | | | | |
| City: T | HANE, T | aluka: Than | e, District: Th | ane, State: Mahara | shtra, PIN: 400604 | | | | | |
| Teleph | one no.: | | | Mobi | le no: 918108769151 | | Emai | il : PRAK | ASHKADAM | 121@GMAIL.COM |
| DOB: 、 | OB: Jun 03, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236131 (Status: Pass) | | | | | | | | | |
| Exam | form app | earance type | e: Fresher | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | Assessment,CA - Co | llege Ass | essment) | |
| SN | | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ng IX - Financial Accou | - | | | [h-UA [] | |
| 2 | | 007 | | - | ng X - Cost Accounting | | | | [h-UA [] | |
| 3 | | 013 | Business Ec | | | | | | [h-UA [] | |
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| l reque declare | est permi e that all | statement m | ent myself fo ade in this ap | oplication are true, o | ination. I have remitted complete and correct to bed for the examination | the best of n | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| other g | quest for any special concession such as change in time or day fixed for university Examination etc. on religious or any her ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be incelled or rejected. | | | | | | | | | |
| | | | | | | | | | St | udent's Signature |
| This for respon | orm is can nsibility o | efully scrutir f fulfillment/r | ectification of | College staff and by | me. The information p s/she is regular studen | | | | | |
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| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| 0 | | To explo | re your personaliza | S. K. Somaiya Application Form B.Com.(with Cred | http://mum.digitalunive http://mum.digitalunive College of Arts, Scien for Examination of Su its)-Regular-Rev16-T.1 mpetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | rsity.ac/ ce and Comm mmer Sessio 7. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | <i>v</i> idha' accou | nt on | S |
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| | PR | | | bility Status: | Examination form | | Division/Section: | Ro | II No.: | |
| 2 | | 00846077 | Ŭ | Eligible | 029486 | | F | - | 682 | RAJEUMAR |
| Instru | ction Med | lium: | | Ū | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Stude | nt's Name | e: PABBA | TI RAJKUMA | AR KURMANNA | | | Mother's Name: IN | DIRAMN | 1A | Gender: Male |
| Name | in Verna | cular Langua | age: పబ్బలి రాజ | జ్కుమార్ కుర్మన్న | | | | | | |
| Addre | Address: Galli No 3, Behind sarvodaya hospital, bhim nagar, ghatkopar (W) mumbai- 400086 | | | | | | | | | |
| | City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086 | | | | | | | | | |
| - | hone no.: | | | | ile no: 918779816807 | | Ema | il : mallika | arjunpabbati | 22@gmail.com |
| DOB: | OB: May 06, 1998 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235944 (Status: Pass) | | | | | | | | | |
| Exam | form app | earance typ | e: Fresher | | | • | | | | |
| Paper | Details: | Plea | ase select Pa | per details which ye | ou want to appear (UA | - University A | Assessment,CA - Co | llege Ass | essment) | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | Financial Acc | counting and Auditi | ng IX - Financial Accou | unting | | Т | [h-UA [] | |
| 2 | 83 | 007 | Financial Acc | counting and Auditi | ng X - Cost Accounting | J | | Г | [h-UA [] | |
| 3 | 83 | 013 | Business Eco | onomics VI | | | | Г | [h-UA [] | |
| 4 | 83 | 014 | Commerce V | ′ I | | | | Т | [h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pa | per II | | | Т | [h-CA [] | |
| 6 | 83 | 023 | Investment A | nalysis and Portfol | io Management Paper | 11 | | т | [h-CA[] | |
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| l requ declar | est permi re that all | ssion to pres statement m | ent myself for ade in this ap | plication are true, | ination. I have remitted complete and correct to bed for the examinatio | o the best of n | ny knowledge and b | elief. I | Place: Date: | Vidyavihar |
| reque other | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not quest for any special concession such as change in time or day fixed for university Examination etc. on religious or any her ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | celea. | | | | | | | St | tudent's Signature |
| | - | • | D/Chairperso | | | | | | | |
| respo | his form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the esponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical ourse/term work (if any) according to university rules. | | | | | | | | | |
| Place | : | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Suvidha' account on http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! | | | | | | | | | | |
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| P | RN: | Eligi | bility Status: | Examination form 029487 | | Division/Section: | Roll N | lo.: | - | | | |
| 2017016 | 400846085 | | Eligible | | | E | 505 | 5 | ¥ | | | |
| Instruction M | edium: | | | | | Nationality: | India | | | | | |
| | | | | Student's Perso | onal Informati | on | | | | | | |
| Student's Na | | H SAAFIYA S | SAMIR | | | Mother's Name: SA | IRA | (| Gender: Female | | | |
| | nacular Langua | | | | | | | | | | | |
| | | | ajid seth Chawl Bha Chawl Bhandup(w) | | 78 Room No | 15 Pathan colony,ma | ajid Seth Ch | nawl,Bhan | idup (w) Mumbai, 400078 | | | |
| | | | , | : Maharashtra, PIN: 400 | 078 | | | | | | | |
| Telephone no | o.: 25943881 | | Mob | ile no: 918383022717 | | Email | : shaikhsaf | fi231@gm | ail.com | | | |
| DOB: Feb 23 | , 2000 | Ca | tegory: Open | | Physically | Handicap: No | | | | | | |
| Previous Late | est Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | Se | at No: 02 | 36127 (Status: Pass) | | | |
| Exam form appearance type: Fresher | | | | | | | | | | | | |
| Paper Details | | | | | | | | | | | | |
| SN Pa | per Code | | | Paper Name | | | | | AM - AT | | | |
| 1 ; | 83001 | Financial Ac | counting and Audit | ing IX - Financial Accou | Inting | | Th-I | UA[] | | | | |
| | 83007 | | • | ing X - Cost Accounting | | | | UA[] | | | | |
| | 83013 | Business Ec | | | | | | UA[] | | | | |
| | 83014 | Commerce V | | | | | | UA[] | | | | |
| - | | | direct Taxation Pa | per II | | | | CA[] | | | | |
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| | roller of Exami | | r the energing even | inction I have remitted | l tha araaarih. | d fac for the come I | horoby | Place: | Vidyavihar | | | |
| declare that a | all statement m | ade in this ap | plication are true, | nination. I have remitted complete and correct to bed for the examination | the best of n | ny knowledge and be | lief. I | Date: | | | | |
| request for an | ny special cond | ession such | as change in time | or day fixed for universi on being found false or | ty Examinatic | n etc. on religious or | any | | | | | |
| cancelled or I | ancelled or rejected. Student's Signature | | | | | | | | | | | |
| Declaration b | eclaration by Principal/HOD/Chairperson | | | | | | | | | | | |
| responsibility | | ectification of | the information. H | v me. The information p e/she is regular student | | | | | | | | |
| Place: | | | | | | | | | | | | |
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| | PR | | | ibility Status: | Examination for 029488 | | Division/Section: | R | oll No.: | |
| 20 | | 00846093 | _ | Eligible | | | E | | 555 | And and a second se |
| Instruct | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | sonal Informati | on | | | |
| Studen | t's Name | e: TRIPA | THI KHUSHI | RAMPRAKASH | | | Mother's Name: U | RMILA | | Gender: Female |
| Name i | n Verna | cular Langua | age:khushi | | | | | | | |
| Addres | s: house | e no. 214, 30 | 1/A wing arju | n sagar building, ol | d agra road ANJURP | HATA, BHIWA | NDI | | | |
| City: bh | City: bhiwandi, Taluka: Bhiwandi, District: Thane, State: Maharashtra, PIN: 421305 | | | | | | | | | |
| Telepho | elephone no.: Mobile no: 917040071480 Email : khushitripathi21@gmail.com | | | | | | | | | |
| DOB: F | OB: Feb 18, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236207 (Status: Pass) | | | | | | | | | |
| Exam fo | xam form appearance type: Fresher | | | | | | | | | |
| Paper [| Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | A - University A | ssessment,CA - Co | llege As | sessment) | |
| SN | | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ng IX - Financial Acco | | | | Th-UA [] | |
| 2 | | 007 | Financial Ac | counting and Auditin | ng X - Cost Accounting | g | | | Th-UA [] | |
| 3 | | 013 | Business Ec | | | | | | Th-UA [] | |
| 4 | | 014 | Commerce V | | | | | | Th-UA [] | |
| 5 | | 015 | | direct Taxation Pap | per II | | | | Th-CA[] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | | Th-CA[] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatio | on Fees |
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| Payme | nt Detai | s. | Amount Rece | ived. | Cc | llege Receipt | No. and Date [.] | | | |
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| l reques declare | st permi that all | ssion to pres statement m | ent myself fo ade in this ap | oplication are true, o | ination. I have remitte complete and correct t bed for the examinatio | to the best of m | ny knowledge and be | elief. I | | - |
| request other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| | | D · · · · · · · · · · · · · · · · · · · | D /01 - 1 | | | | | | | Student's Signature |
| This for responsion | rm is ca sibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information p e/she is regular studen | | | | | ge. I also undertake the dance and practical |
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| | PR | N: | Elig | ibility Status: | Examination form 029489 | n No.: | Division/Section: | Rol | l No.: | Falgues | |
| 20 | 0170164 | 00846197 | | Eligible | | | D | 4 | 16 | | |
| Instruc | ction Mec | lium: | | | | | Nationality: | India | | | |
| | | | | | Student's Perso | onal Informati | on | | | | |
| Studer | nt's Nam | e: PATEL | KALPESH N | IARAYAN | | | Mother's Name: D | AYA | | Gender: Male | |
| Name | in Verna | cular Langua | age:Kalpesh | | | | | | | | |
| Addres | ss: B/401 | ,Ramkutir,C | HS J.m road | | | | | | | | |
| City: N | City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400084 | | | | | | | | | | |
| Teleph | Felephone no.: Mobile no: 917506985010 Email : kalpesh123298@gmail.com | | | | | | | | | | |
| DOB: | Oct 03, 1 | 999 | Ca | tegory: Open | | Physically | Handicap: No | | | | |
| Previo | us Lates | t Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | Ś | Seat No: 02 | 35988 (Status: Pass) | |
| Exam | form app | earance typ | e: Fresher | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Asse | essment) | | |
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| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Accou | Inting | | TI | h-UA [] | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | l | | TI | h-UA [] | | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | TI | h-UA [] | | |
| 4 | 83 | 014 | Commerce \ | /I | | | | TI | h-UA [] | | |
| 5 | 83 | 015 | Direct and Ir | direct Taxation Pag | per II | | | TI | h-CA[] | | |
| 6 | 83 | 016 | Export Mark | eting Paper II | | | | TI | h-CA[] | | |
| Convo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | Examinatio | n Fees | |
| Mark S | Statemen | t Fee | | Total: | | | | | | | |
| Payme | ent Detai | le: / | Amount Rece | ived | Cal | lege Receipt | No. and Date: | | | | |
| DD No | | . / | | MICR No: | | DD Date: | NO. and Date. | B | Bank: | | |
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| | | ller of Exami | | | | | | | | | |
| - | | | • | or the ensuing exam | ination. I have remitted | the prescribe | ed fee for the same | l herehv | Place: | Vidyavihar | |
| declar | e that all | statement m | ade in this a | oplication are true, o | complete and correct to | the best of m | ny knowledge and be | elief. I | Date: | | |
| | | | | | bed for the examination or day fixed for universi | | | | | | |
| other g | ground. I | understand | | | on being found false or | | | | | | |
| cancel | cancelled or rejected. Student's Signature | | | | | | | | | | |
| Declar | ation by | Principal/HC | D/Chairpers | on | | | | | | | |
| This for respor | This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the esponsibility of fulfillment/rectification of the information. He/she 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: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | |

| and | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credited Job Opportunities Com | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T.` npetitive Exams, Career Fair rsity.ac. Activate your 'e-S | rsity.ac/ nce and Comm immer Session Y. B.ComSer | erce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Sun | vidha' accou | int on | | |
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| | PR | N: | Eligi | bility Status: | Examination for 029490 | m No.: | Division/Section: | Ro | oll No.: | (Andersona | |
| 20 | 0170164 | 00846232 | | Eligible | | | D | | 445 | | |
| Instruc | ction Med | ium: | | - | | | Nationality: | India | | | |
| | | | | | Student's Pers | onal Informati | - | | | | |
| | nt's Name | | | ISHA BHARATSING | <u>GH</u> | | Mother's Name: S | ANTOSH | 1 | Gender: Female | |
| Name | in Verna | cular Langua | age:राजपुरोहित | ा मनीषा भारतसिंघ | | | | | | | |
| Addre | ddress: room no.9 ,chaitanyan nagar powai , mumbai 400076 | | | | | | | | | | |
| City: n | ity: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400076 | | | | | | | | | | |
| Telepł | elephone no.: Mobile no: 917045464062 Email : rajpurohitmanisha43@gmail.com | | | | | | | | | | |
| | OB: Jul 01, 1998 Category: Open Physically Handicap: No | | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236042 (Status: Pass) | | | | | | | | | | |
| | | earance typ | | | | | | | | | |
| | Details: | | ase select Pa | per details which yo | u want to appear (UA | | ssessment,CA - Co | liege Ass | sessment) | ANA AT | |
| SN 1 | | r Code 001 | Financial Ac | counting and Auditir | Paper Name | | | | Th-UA[] | AM - AT | |
| 2 | | 007 | | - | ig X - Cost Accounting | • | | | Th-UA[] | | |
| 3 | | 013 | Business Ec | - | | 5 | | | Th-UA[] | | |
| 4 | | 014 | Commerce V | | | | | | Th-UA[] | | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | - | Th-CA[] | | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | | Th-CA[] | | |
| Convo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatio | n Fees | |
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| D | | | | · | | | | | | | |
| DD No | ent Detai | s: // | Amount Rece | MICR No: | 00 | Ilege Receipt DD Date: | No. and Date: | | Bank: | | |
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| | | ller of Exami | , | | | | | | Place | Vidyavihar | |
| l reque declar | est permi e that all | ssion to pres statement m | ent myself fo ade in this ap | plication are true, c | nation. I have remitte omplete and correct to bed for the examination | o the best of m | y knowledge and be | elief. I | | | |
| reques other of | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | |
| | | | | | | | | | S | tudent's Signature | |
| This for respon | orm is car nsibility o | efully scrutin f fulfillment/r | ectification of | College staff and by | me. The information p /she is regular studen | | | | | e. I also undertake the lance and practical | |
| Place: | | | | | - | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | |

| and | | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Suvidha' account on http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! RN: Eligibility Status: Examination form No.: Division/Section: | | | | | | | | |
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| | PR | | | | Examination for 029491 | m No.: | | Ro | ll No.: | Jadnesh |
| 20 | 0170164 | 00846263 | | Eligible | | | D | 3 | 397 | -0 |
| Instruc | ction Med | lium: | - | • | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Stude | nt's Name | e: PALAV | YADNESH N | ARAYAN | | | Mother's Name: LA | AXMI | | Gender: Male |
| Name | in Verna | cular Langua | age:यज्ञेश | | | | | | | |
| Addre | ddress: ROOM NO-2 RAM NARESH SINGH CHAWL SAIVIHAR | | | | | | | | | |
| City: B | y: BHANDUP, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078 | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 919699520163 Email : yadneshpalav2000@gmail.com | | | | | | | | | |
| DOB: | Jul 08, 20 | 000 | Cat | egory: Open | | Physically | Handicap: No | | | |
| Previo | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235951 (Status: Pass) | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| <u> </u> | Details: | | | | | | | | | |
| SN | Paper Code Paper Name AM - AT | | | | | | | | | |
| 1 | | 001 | | | ng IX - Financial Acco | | | | ⁻ h-UA [] | |
| 2 | | 007 | | | ng X - Cost Accounting | 9 | | | ⁻ h-UA [] | |
| 3 | | 013 | Business Eco | | | | | | ⁻ h-UA [] | |
| 4 | | 014 015 | Commerce V | | U | | | | ⁻ h-UA [] | |
| 5 6 | | 015 | Export Marke | direct Taxation Pap | | | | | ⁻ h-CA[] ⁻ h-CA[] | |
| | cation Fe | | | Exam Form Late F | 00 | Exam Form | Super Late Fee | | Examination |) Fees |
| | Statemen | | | Total: | | | | | Examination | 11003 |
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| Payme | ent Detai | s: / | Amount Recei | ived: | Co | llege Receipt | No. and Date: | | | |
| DD No | D: | | | MICR No: | | DD Date: | | E | Bank: | |
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| l reque declar | est permi e that all | statement m | sent myself fo ade in this ap | plication are true, c | ination. I have remitte complete and correct to bed for the examination | o the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| | | | | | | | | | S | tudent's Signature |
| This for respon | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information p /she is regular studen | | | | | e. I also undertake the ance and practical |
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| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| and | | Το εχρίο | re your personaliz | S. K. Somaiy Application Forr B.Com.(with Cree | iversity of Mumba http://mum.digitalunivers a College of Arts, Science n for Examination of Sur dits)-Regular-Rev16-T.Y pompetitive Exams, Career Fairs of versity.ac. Activate your 'e-Sur | e and Comm mmer Session . B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' account o | 'n | C C C C C C C C C C C C C C C C C C C |
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| | PR | | | bility Status: | Examination form 029492 | | Division/Section: | Roll | No.: | |
| 20 | 0170164 | 00846286 | | Eligible | | | D | 40 | 8 | S.J.Paakh |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | on | | | |
| Stude | nt's Name | e: SANYA | M JATIN PA | REKH | | | Mother's Name: R | UPAL | C | Gender: Male |
| Name | in Verna | cular Langua | age:સંચમ જર્ત | ીન પારેખ | | | | | | |
| Address: DEV AASHISH BUILDING 901/221,R.N.NARKAR MARG GHATKOPAR EAST | | | | | | | | | | |
| City: N | City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400077 | | | | | | | | | |
| Telepł | Felephone no.: 21020506 Mobile no: 919323484022 Email : rupaljatin97@gmail.com | | | | | | | | | |
| DOB: | DOB: Oct 22, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235976 (Status: ATKT) | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which y | ou want to appear (UA | - University A | Assessment,CA - Co | llege Asses | sment) | |
| SN | | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ing IX - Financial Accou | nting | | | ·UA [] | |
| 2 | | 007 | | | ing X - Cost Accounting | | | | ·UA [] | |
| 3 | | 013 | Business Eco | | | | | | -UA [] | |
| 4 | | 014 | Commerce V | | | | | | -UA [] | |
| 5 | | 015 | | direct Taxation Pa | per II | | | | CA[] | |
| 6 | | 016 | Export Marke | <u> </u> | Г ас | Г | Current etc. Fee | | CA[] | |
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| Payme | ent Detai | s: / | Amount Recei | ived: | Coll | ege Receipt | No. and Date: | | | |
| DD No | D: | | | MICR No: | | DD Date: | | Ba | nk: | |
| Cente | r Prefere | nce (Code/N | ame): | | | | | · | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, Th | e Contro | ller of Exam | ination, | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this ap | plication are true, | nination. I have remitted complete and correct to ibed for the examination | the best of m | ny knowledge and be | elief. I | Date: | |
| reques | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| cance | lied of rej | ected. | | | | | | | St | udent's Signature |
| Declar | ration by | Principal/HC | D/Chairperso | n | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | y me. The information pr e/she is regular student | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| A CONTRACTOR | | | | | | | | | | |
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| | | To explo | re your personaliz | ed Job Opportunities, Co | its)-Regular-Rev16-T. mpetitive Exams, Career Fair ersity.ac/. Activate your 'e-S | s etc., click on 'EAs | SY' link in your 'e-Su | <i>i</i> dha' accour | nt on | |
| 20 | PR | N:)0846336 | Ŭ Ŭ | bility Status: Eligible | Examination for 029493 | | Division/Section: | | II No.: 307 | Assassing |
| | tion Med | | | Eligible | | 1 11 111 | Nationality: | India | | |
| motruc | | ium. | | | Student's Per | sonal Informati | , | India | | |
| Studer | nt's Name | | A SUNIL BH | ARAT | Olddenits i en | | Mother's Name: JA | ΑΥΑ | | Gender: Male |
| | | | age:हरिया सूर्न | | | | | | | |
| | | - | - 0 | | | | | | | |
| | Address: K-402, NAVNEET NAGAR RESIDENTIAL COMPLEX NR. BHADRA COMPLEX,DESLE PADA, City: DOMBIVALI EAST, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421203 | | | | | | | | | |
| | | | aluka. Naiyali | | le no: 918080925432 | | Ema | il · HARIY | ADHIREN2 | 7@GMAIL COM |
| · · | Felephone no.: Mobile no: 918080925432 Email : HARIYADHIREN27@GMAIL.COM DOB: Sep 24, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235790 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (U/ | A - University A | ssessment,CA - Co | llege Ass | essment) | |
| SN | Pape | r Code | | | Paper Name |) | | _ | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | ounting | | Т | ĥ-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | g | | Т | ĥ-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Т | ĥ-UA [] | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Т | ĥ-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Par | ber II | | | Т | ĥ-CA [] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | Т | `h-CA [] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatior | Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
| Payme | ent Detail | s: / | Amount Rece | ived: | Co | ollege Receipt | No. and Date: | | | |
| DD No | : | I | | MICR No: | | DD Date: | | E | Bank: | |
| Center | Prefere | nce (Code/N | ame): | • | | • | | I | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, Th | e Contro | ller of Exam | nation, | | | | | | Place: | Vidyavihar |
| declare | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct bed for the examination | to the best of n | ny knowledge and be | elief. I | Date: | |
| reques other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| cancer | ieu or rej | ecled. | | | | | | | St | udent's Signature |
| Declar | ation by | Principal/HC | D/Chairperso | on | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | me. The information e/she is regular studer | | | | | e. I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

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| | PR | N: | Elig | ibility Status: | ersity.ac/. Activate your 'e-Si Examination forr 029494 | | Division/Section: | Ro | II No.: | Quind |
| 2 | 0170164 | 00846344 | | Eligible | | | E | | 520 | 100 |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| | nt's Name | | E TRUPTI R | | | | Mother's Name: N | EETA | | Gender: Female |
| Name | in Verna | cular Langua | age:शिंदे तृप्ती | ो राजाराम | | | | | | |
| Addre | Address: ROOM NO 9,SAINATH SOCIETY GANESH NAGAR,PANCHKUTIR POWAI, MUMBAI 400076 | | | | | | | | | |
| City: N | ity: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400076 | | | | | | | | | |
| Telepł | elephone no.: Mobile no: 918652170070 Email : truptishinde1999@gmail.com | | | | | | | | | |
| | DOB: Oct 23, 1999 Category: Reserved (NT-2 (NT-C)) Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236153 (Status: Pass) | | | | | | | | | |
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| SN SN | Details: | r Code | ase select Pa | per details which yo | u want to appear (UA Paper Name | - University F | Assessment, CA - Co | liege Ass | essment) | AM - AT |
| 1 | | 001 | Financial Ac | counting and Auditi | ng IX - Financial Accou | Inting | | | [h-UA [] | AIVI - AT |
| 2 | | 6007 6007 | | | ng X - Cost Accounting | | | | [h-UA [] | |
| 3 | | 013 | Business Ec | - | | 2 | | | [h-UA [] | |
| 4 | | 014 | Commerce \ | | | | | | [h-UA[] | |
| 5 | 83 | 015 | Direct and Ir | direct Taxation Pap | er II | | | | [] [h-CA[] | |
| 6 | 83 | 016 | Export Mark | eting Paper II | | | | | [h-CA[] | |
| Convo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | n Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
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| DD No | ent Detai | IS: / | Amount Rece | MICR No: | 0 | Ilege Receipt | No. and Date: | | Donki | |
| | | nce (Code/N | ame). | | | DD Dale. | | | Bank: | |
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| | | ller of Exami | , | | | | | | Place: | Vidyavihar |
| l reque declar | est permi e that all | ssion to pres statement m | ent myself fo ade in this a | pplication are true, c | ination. I have remitted | o the best of n | ny knowledge and be | elief. I | Date: | |
| reques | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| cance | lled or rej | ected. | | | | | | | St | udent's Signature |
| Decla | ration by | Principal/HC | D/Chairpers | on | | | | | | |
| respoi | nsibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular studen | | | | | e. I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | To explo | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Suvidha' account on http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login todayl RN: Eligibility Status: | | | | | | | | | |
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| 201701 | 6400846352 | - | Eligible | | | С | : | 266 | broz | | |
| Instruction N | /ledium: | | | | | Nationality: | India | | | | |
| | | | | Student's Pers | onal Informati | on | | | | | |
| Student's Na | ame: DHURI | ONKAR AN | UP | | | Mother's Name: AF | PEKSHA | (| Gender: Male | | |
| Name in Ve | rnacular Langua | age:धुरी ओंका | र अनुप | | | | | | | | |
| Address: R. | Address: R.n.19,Bhuvad Chawl Shivaji Nagar, Tembhipada Road | | | | | | | | | | |
| City: Bhand | City: Bhandup west, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078 | | | | | | | | | | |
| Telephone r | Felephone no.: Mobile no: 919821725661 Email : dhurionkar0@gmail.com | | | | | | | | | | |
| DOB: May 03, 2000 Category: Open Physically Handicap: No | | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235712 (Status: Pass) | | | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | | |
| Paper Detai | | ase select Pa | per details which yo | ou want to appear (UA | - | ssessment,CA - Co | llege Ass | essment) | | | |
| | aper Code | <u></u> | | Paper Name | | | | | AM - AT | | |
| 1 | 83001 | | - | ng IX - Financial Acco | | | | [h-UA [] | | | |
| 2 3 | 83007 83013 | Business Ec | - | ng X - Cost Accountin | | | | [h-UA [] [h-UA [] | | | |
| 4 | 83013 | Commerce V | | | | | | [h-UA [] | | | |
| 5 | 83015 | | direct Taxation Par | er II | | | | [h-CA[] | | | |
| 6 | 83016 | | eting Paper II | | | | | [h-CA[] | | | |
| Convocatior | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | l Fees | | |
| Mark Staten | nent Fee | | Total: | | | | | | | | |
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| Payment De | etails: | Amount Rece | | Co | llege Receipt | No. and Date: | | | | | |
| DD No: | (0.1.4) | | MICR No: | | DD Date: | | | Bank: | | | |
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| other ground | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | | |
| | - | | | | | | | St | udent's Signature | | |
| This form is responsibilit | | nized by the C ectification of | College staff and by the information. He | me. The information p /she is regular studer | | | | | e. I also undertake the ance and practical | | |
| Place: | | | | _ | | | | | | | |
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| A Contraction | | | | | Sec. | | | | | |
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| | | To explo | re your personaliz | ed Job Opportunities, Cor | ts)-Regular-Rev16-T. npetitive Exams, Career Fair ersity.ac/. Activate your 'e-S | s etc., click on 'EAS | SY' link in your 'e-Suv | <i>i</i> dha' accoun | t on | |
| 2 | PR 0170164 | N: 00846375 | Eligi | bility Status: Eligible | Examination for 029496 | | Division/Section: E | _ | l No.: 71 | D. Sahon'i |
| | ction Med | | | Ligible | | | – Nationality: | India | | |
| motra | | | | | Student's Pers | sonal Informati | | maia | | |
| Stude | nt's Nam | e: SAHAN | II MANISHA | RADHESHYAM | | | Mother's Name: SI | JMITRA | (| Gender: Female |
| | | | | नीषा राधेश्याम | | | | | | |
| | | | • | | | | | | | |
| | | | | AWL BHOLA NAGA | | | | | | |
| , | City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400605 Cielephone no.: Mobile no: 919004366989 Email : pooja.s9618@gmail.com | | | | | | | | | |
| | DOB: Mar 30, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| | , | | | m IV(Regular-Rev1 | 6) | Exam Even | • | | Seat No: 02' | 36054 (Status: Pass) |
| | | | | in iv (i tegulai-i tev i | 0) | | ι. Αρι-2013 | \` | | 50034 (Status: 1 ass) |
| | xam form appearance type: Fresher aper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | |
| SN | | r Code | | | Paper Name | , | | | | AM - AT |
| 1 | | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | unting | | Т | h-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | g | | Т | h-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Т | h-UA[] | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Т | h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | Т | h-CA[] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | Т | h-CA[] | |
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| | | ller of Exami | , | | | | | | Place: | Vidyavihar |
| l reque declar | est permi e that all | ssion to pres statement m | ent myself fo ade in this ap | oplication are true, o | ination. I have remitte complete and correct t | o the best of m | ny knowledge and be | elief. I | Date: | |
| reque other | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | ecleu. | | | | | | | St | udent's Signature |
| Decla | ration by | Principal/HC | D/Chairperso | on | | | | | | |
| respo | nsibility o | f fulfillment/r | ectification of | | me. The information e/she is regular studer | | | | | e. I also undertake the ance and practical |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| A A | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Cred | versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su its)-Regular-Rev16-T.Y npetitive Exams, Career Fairs ersity.ac. Activate your 'e-Su | sity.ac/ ce and Comm mmer Session 7. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' accou | nt on | |
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| | PR | | | bility Status: | Examination form 029497 | | Division/Section: | Ro | ll No.: | 0. |
| 2 | 0170164 | 00846417 | | Eligible | | | Е | | 562 | Cartain |
| Instruc | ction Med | lium: | | Ļ | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | on | | | |
| Stude | nt's Name | e: VISAR | IYA NAITRI N | IITIN | | | Mother's Name: N | IEETA | | Gender: Female |
| Name | in Verna | cular Langua | age:વિસરીયા | નાઈટ્રી નીતિન | | | | | | |
| Addre | Idress: 11,3RD FLOOR, BLUE NILE MAHATMA PHULE ROAD OOP.HINDUSTAN BANK | | | | | | | | | |
| | y: DOMBIVLI WEST, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202 | | | | | | | | | |
| Telepł | elephone no.: Mobile no: 918976725196 Email : naitri19visariya@gmail.com | | | | | | | | | |
| DOB: | Aug 19, 1 | 999 | Cat | tegory: Open | | Physically | Handicap: No | | | - |
| Previo | ous Lates | t Examinatio | n Details: Ser | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | | Seat No: 02 | 236223 (Status: ATKT) |
| Exam | form app | earance typ | e: Fresher | | | | | | | |
| Paper | Details: | | | | | | | | | |
| SN | Pape | Paper Code Paper Name AM - AT | | | | | | | | |
| 1 | | | | | | | | | | |
| 2 | 83 | 007 | Financial Acc | counting and Auditi | ng X - Cost Accounting | l | | ٦ | Гh-UА [] | |
| 3 | 83 | 013 | Business Eco | onomics VI | | | | 1 | Гh-UА [] | |
| 4 | 83 | 014 | Commerce V | /1 | | | | ٦ | [] [] [h-UA | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | oer II | | | ٦ | Гh-CА [] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | ٦ | Гh-CA [] | |
| Convo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatio | n Fees |
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| Paymo | ent Detai | s: / | Amount Recei | ived: | Col | lege Receipt | No. and Date: | | | |
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| To, Th | e Contro | ller of Exam | ination, | | | | | | Place | : Vidyavihar |
| declar | request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby leclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I lave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | | |
| reques other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | ecteu. | | | | | | | 5 | Student's Signature |
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| respoi | nsibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular student | | | | | je. I also undertake the dance and practical |
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| A Contraction | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.\ npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | rsity.ac/ ce and Comm mmer Session 7. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accour | nt on | |
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| | PR | | | bility Status: | Examination forr 029498 | m No.: | Division/Section: | _ | ll No.: | Faixwel |
| 2 | 0170164 | 00846425 | | Eligible | | | F | | 769 | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | - | | | |
| | nt's Name | | | AJESH | | | Mother's Name: M | EERA | 1 | Gender: Male |
| | | cular Langua | • | | | | | | | |
| | | | | | MAKHMALI TALAV , T | HANE WEST | | | | |
| , | ity: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601 | | | | | | | | | |
| | elephone no.: Mobile no: 918291179111 Email : rj13630@gmail.com IOB: Sep 21, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | ODB: Sep 21, 1999 Category: Open Physically Handicap: No Vrevious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235825 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| | Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | · | Paper Name | | | | , | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditin | ng IX - Financial Accou | unting | | Т | ĥ-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditir | ng X - Cost Accounting |) | | Т | ĥ-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Т | ĥ-UA [] | |
| 4 | | 014 | Commerce V | | | | | | ĥ-UA [] | |
| 5 | | 015 | | direct Taxation Pap | | | | | 'h-CA [] | |
| 6 | | 023 | Investment A | , , | o Management Paper | | | | 'h-CA [] | F |
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| Paymo | ent Detai | ls: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
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| l reque declar | est permi e that all | statement m | sent myself fo ade in this ap | plication are true, o | ination. I have remitted complete and correct to bed for the examinatio | o the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | lieu of fej | ecieu. | | | | | | | St | udent's Signature |
| This for respon | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information p /she is regular studen | | | | | e. I also undertake the ance and practical |
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| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | L. | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Cred zed Job Opportunities, Co | iversity of Mumb http://mum.digitalunive a College of Arts, Scier n for Examination of Su dits)-Regular-Rev16-T. impetitive Exams, Career Fairs | ersity.ac/ nce and Comm ummer Session Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | /idha' accou | unt on | |
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| 20 ⁻ | | 00846441 | Eliyi | ibility Status: Eligible | 029499 | | Division/Section: E | | oll No.: 562 | Ankita |
| Instruct | ion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | sonal Informati | on | | | |
| Student | t's Name | e: VIKAM | SHI ANKITA | BAHRATHANSRA | J | | Mother's Name: S | ANGITA | | Gender: Female |
| Name ir | n Verna | cular Langua | age:VIKAMSI | HI ANKITA BAHRA | THANSRAJ | | | | | |
| Address | s: B-209 | BHAGWAT | I KRUPA RA | JAJI ROAD | | | | | | |
| City: DC | OMBIVA | LI, Taluka: | Kalyan, Distri | ict: Thane, State: N | laharashtra, PIN: 4212 | 201 | | | | |
| Telepho | elephone no.: Mobile no: 919819932251 Email : sangitabharatshah@gmail.com | | | | | | | | | |
| DOB: N | DOB: Nov 23, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236222 (Status: ATKT) | | | | | | | | | |
| Exam fo | Exam form appearance type: Fresher | | | | | | | | | |
| Paper D | Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | Pape | er Code | | | Paper Name | ; | | | | AM - AT |
| 1 | 83 | 3001 | Financial Ac | counting and Audit | ing IX - Financial Acco | unting | | | Th-UA [] | |
| 2 | 83 | 3007 | Financial Ac | counting and Audit | ing X - Cost Accounting | g | | | Th-UA [] | |
| 3 | 83 | 3013 | Business Ec | onomics VI | | | | | Th-UA [] | |
| 4 | 83 | 3014 | Commerce V | /I | | | | | Th-UA [] | |
| 5 | 83 | 3015 | Direct and In | ndirect Taxation Par | per II | | | | Th-CA [] | |
| 6 | 83 | 8016 | Export Marke | eting Paper II | | | | | Th-CA[] | |
| Convoc | ation Fe | e | | Exam Form Late I | Fee | Exam Form | Super Late Fee | | Examinatio | n Fees |
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| | | ller of Exami | | | | | | | Place | |
| I reques declare have go request other gr | o, The Controller of Examination, Place: Vidyavihar request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby eclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any there ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. Vidyavihar Student's Signature | | | | | | | | | |
| Declara | ation by | Principal/HC | D/Chairperso | | | | | | | ducint's Olynature |
| This for respons | rm is car sibility o | refully scrutir of fulfillment/r | nized by the C rectification of | College staff and by | y me. The information p e/she is regular studen | | | | | e. I also undertake the dance and practical |
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| | P. | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.1 npetitive Exams, Career Fairs ersity.ac. Activate your 'e-Su | sity.ac/ ce and Comm mmer Session 7. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' accou | nt on | |
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| | PR | | | bility Status: | Examination forr | | Division/Section: | Po | ll No.: | |
| 20 | | 00846514 | Liigi | Eligible | 029500 | | C | | 276 | Cranesh |
| Instruc | ction Med | lium: | | 0 | | | Nationality: | India | | |
| | | | | | Student's Pers | nal Informati | | | | |
| Studer | nt's Name | e: GAIKW | AD GANESH | MOHAN | | | Mother's Name: A | ARATI | (| Gender: Male |
| Name | in Verna | cular Langua | age:गायकवाड | गणेश माेहन | | | 4 | | I | |
| | | 0 | • | - | edkar nagar water tan | k road bhandı | (w) | | | |
| | ddress: ashtavinayak chawl no.2 room no.25 ramabai ambedkar nagar water tank road bhandup(w) Sity: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078 | | | | | | | | | |
| | Telephone no.: Mobile no: 919930371066 Email : gaikwadganesh2409@gmail.com | | | | | | | | | |
| DOB: | OOB: Sep 24, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235729 (Status: Pass) | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Ass | essment) | |
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| 1 | | 001 | | | ng IX - Financial Accou | | | | [h-UA [] | |
| 2 | | 007 | | | ng X - Cost Accounting | | | | [h-UA [] | |
| 3 | | 013 014 | Business Ec | | | | | | [h-UA [] [h-UA [] | |
| 5 | | 015 | | direct Taxation Pap | or II | | | | []-0A[] [h-CA[] | |
| 6 | | 016 | | eting Paper II | | | | | [h-CA[] | |
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| | ent Detai | s: / | Amount Rece | | Col | <u> </u> | No. and Date: | | | |
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| l reque declar | est permi e that all | ssion to pres statement m | ent myself fo ade in this ap | oplication are true, o | ination. I have remitted complete and correct to bed for the examination | the best of m | y knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | | | | | | | | St | udent's Signature |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular studen | | | | | |
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| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | To explo | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on "EASY" link in your http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! V: Eligibility Status: Examination form No.: Division/Section: Roll No.: | | | | | | | | | | |
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| Instruction I | Medium: | | | | | Nationality: | India | | | | | |
| | | | | Student's Pers | onal Informati | on | | | | | | |
| Student's N | lame: KARIA | BHUMIKA R | AJESH | | | Mother's Name: R | UPA | | Gender: Female | | | |
| Name in Ve | ernacular Langua | age:ભૂમિકા | | | | · | | · | | | | |
| Address: 40 |)4 sunrise yogi ł | ills br road m | ulund {W} | | | | | | | | | |
| | City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400080 | | | | | | | | | | | |
| | Telephone no.: Mobile no: 918108118989 Email : bhumikakaria74@gmail.com | | | | | | | | | | | |
| OOB: Jul 26, 1999 Category: Open Physically Handicap: No | | | | | | | | | | | | |
| Previous La | atest Examinatio | n Details: Sei | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | | Seat No: 02 | 35852 (Status: ATKT) | | | |
| Exam form | Exam form appearance type: Fresher | | | | | | | | | | | |
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| 1 | 1 83001 Financial Accounting and Auditing IX - Financial Accounting Th-UA [] | | | | | | | | | | | |
| 2 | 83007 | Financial Ac | counting and Auditin | ng X - Cost Accounting | g | | Т | [h-UA [] | | | | |
| 3 | 83013 | Business Ec | onomics VI | | | | Т | [h-UA [] | | | | |
| 4 | 83014 | Commerce V | | | | | Г | 「h-UA [] | | | | |
| 5 | 83015 | | direct Taxation Pap | er II | | | | [h-CA[] | | | | |
| 6 | 83016 | Export Marke | eting Paper II | | 1 | | | [h-CA[] | | | | |
| Convocatio | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | n Fees | | | |
| Mark Stater | ment Fee | | Total: | | | | | | | | | |
| Payment De | etails: | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | | | | |
| DD No: | | | MICR No: | | DD Date: | | 1 | Bank: | | | | |
| Center Pref | ference (Code/N | ame): | 1 | | 1 | | I | | | | | |
| Venue Prefe | erence (Code/N | ame): | | | | | | | | | | |
| To, The Co | ntroller of Exam | nation, | | | | | | Place: | Vidyavihar | | | |
| declare that | t all statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct t bed for the examination | o the best of n | ny knowledge and be | elief. I | Date: | | | | |
| request for a other groun | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | | |
| cancenea o | r rejected. | | | | | | | St | tudent's Signature | | | |
| Declaration | by Principal/HC | D/Chairperso | on | | | | | | | | | |
| responsibili | | ectification of | the information. He | me. The information p s/she is regular studer | | | | | e. I also undertake the ance and practical | | | |
| Place: | | | | _ | | | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | | |

| 0 | | Το εχρίο | | | | | | | | |
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| | PR | | | bility Status: | Examination form | | Division/Section: | Ro | ll No.: | |
| 20 | 01701640 | 00846553 | Ŭ | Eligible | 029502 | | E | | 493 | Denil |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | on | | | |
| Studer | nt's Name | e: SHAH | DENIL DEVE | N | | | Mother's Name: V | ANDNA | | Gender: Male |
| Name | in Verna | cular Langua | age:શાહ ડેનિલ | ા દેવેન | | | · | | | |
| Address: 3/402,RISHABH MENSION ABOVE DHANLAXMI BANK, S. V.ROAD GOREGAON WEST | | | | | | | | | | |
| | City: MUMBAI, Taluka: Boriwali, District: Mumbai Suburban, State: Maharashtra, PIN: 400104 | | | | | | | | | |
| | Felephone no.: 28757168 Mobile no: 918652071842 Email : denilshah24499@gmail.com | | | | | | | | | |
| DOB: / | Apr 24, 1 | 999 | Cat | tegory: Open | | Physically | Handicap: No | | <u> </u> | 0 |
| Previo | us Lates | t Examinatio | n Details: Ser | m IV(Regular-Rev | 16) | Exam Even | t: Apr-2019 | | Seat No: 02 | 236096 (Status: Pass) |
| Exam | form app | earance typ | e: Fresher | | | | | | | |
| Paper | per Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | | | | | | | | | | |
| 1 | 83001 Financial Accounting and Auditing IX - Financial Accounting Th-UA [] | | | | | | | | | |
| 2 | 83 | 007 | Financial Acc | counting and Audit | ing X - Cost Accounting | | | 1 | [] [h-UA | |
| 3 | 83 | 013 | Business Eco | onomics VI | | | | 1 | [] [] [h-UA | |
| 4 | 83 | 014 | Commerce V | /1 | | | | ٦ | Гh-UА [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pa | per II | | | ٦ | [] [h-CA | |
| 6 | | 016 | Export Marke | eting Paper II | | | | 1 | [] [h-CA | |
| | cation Fe | | | Exam Form Late | Fee | Exam Form | Super Late Fee | | Examinatio | n Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
| Payme | ent Detail | s: / | Amount Recei | ived: | Col | lege Receipt | No. and Date: | | | |
| DD No | : | I | | MICR No: | | DD Date: | | | Bank: | |
| Center | [·] Preferei | nce (Code/N | ame): | • | | | | | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, Th | e Contro | ller of Exam | ination, | | | | | | Place | : Vidyavihar |
| declar | request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I bate: Date: Dat | | | | | | | | | |
| reques other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancer | | celea. | | | | | | | s | Student's Signature |
| | - | - | D/Chairperso | | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | y me. The information p e/she is regular student | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | P. C. | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Sciel for Examination of S ts)-Regular-Rev16-T. npetitive Exams, Career Fail arsity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accou | nt on | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|--------------|-----------------|-----------------------------------------------|
| | PR | N: | Eligi | bility Status: | Examination for 029503 | m No.: | Division/Section: | | oll No.: 224 | Manda |
| | | 00846584 | | Eligible | | | C | | 224 | |
| Instruc | ction Med | lium: | | | Chudantia Dan | | Nationality: | India | | |
| Studo | nt's Name | | JSHALI MAM | | Student's Pers | sonal Informati | on Mother's Name: R | | | Gender: Female |
| | | | | | | | | | | |
| | Name in Vernacular Language:파নন | | | | | | | | | |
| | Address: Room no. 312 SHINDE CHAWL, AZADNAGAR GHATKOPAR (WEST) | | | | | | | | | |
| - | City: Mumbai, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400086 | | | | | | | | | |
| | Telephone no.: Mobile no: 919167711717 Email : mamtabhanushali008@gmail.com | | | | | | | | | |
| | DOB: Sep 08, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235633 (Status: ATKT) Exam form appearance type: Fresher | | | | | | | | | |
| | Details: | | | por dotails which ve | u want to appear (U | | | | occmont) | |
| SN | | r Code | | per details which ye | Paper Name | , | (3363511611,CA - CO | | essment) | AM - AT |
| 1 | | 001 | Financial Ac | counting and Auditin | ng IX - Financial Acco | | | - | [h-UA [] | 7.00 7.01 |
| 2 | | 007 | | | ng X - Cost Accountin | | | | [] [h-UA[] | |
| 3 | 83 | 013 | Business Ec | - | 5 | 5 | | | [] [h-UA [] | |
| 4 | 83 | 014 | Commerce V | / | | | | | [] [h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | - | Гh-CA[] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | 1 | [h-CA[] | |
| Convo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | n Fees |
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| - | ent Detai | s: / | Amount Rece | | Co | ollege Receipt | No. and Date: | | Develo | |
| DD No | | nce (Code/N | omo): | MICR No: | | DD Date: | | | Bank: | |
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| l reque declar | est permi e that all | ssion to pres statement m | sent myself fo ade in this ap | plication are true, o | ination. I have remitte complete and correct bed for the examination | to the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | celea. | | | | | | | S | tudent's Signature |
| Decla | ration by | Principal/HC | D/Chairperso | on | | | | | | |
| respo | nsibility o | f fulfillment/r | ectification of | | me. The information /she is regular studer | | | | | e. I also undertake the ance and practical |
| Place: | | | | | - | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | ð To explo | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com. (with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on "EASY" link in your 'e-Suvidha' account on http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! N: Eligibility Status: Examination form No.: Division/Section: Roll No.: | | | | | | | | | |
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| | PRN: | Eligibility Status: | Examination form 029504 | No.: | Division/Section: | Roll N | 0.: | | | | |
| 20170 | 16400846696 | Eligible | | | F | 655 |) | | | | |
| Instruction | Medium: | | | | Nationality: | India | | | | | |
| | | | Student's Perso | nal Informati | on | | | | | | |
| Student's N | Name: KEVIN | KENIA HIMANSHU | | | Mother's Name: B | HARTI | (| Gender: Male | | | |
| Name in Ve | ernacular Langu | age:Kevin | | | | | | | | | |
| Address: A | /5 G.g road Don | nbivli (w) | | | | | | | | | |
| City: Kalya | City: Kalyan, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421202 | | | | | | | | | | |
| Telephone | Telephone no.: Mobile no: 919820460767 Email : kevinkenia8@gmail.com | | | | | | | | | | |
| DOB: Oct 1 | DOB: Oct 12, 1998 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previous La | atest Examinatio | n Details: Sem IV(Regular-Rev | 6) | Exam Even | t: Apr-2019 | Sea | at No: 023 | 36276 (Status: Pass) | | | |
| Exam form | appearance typ | e: Fresher | | | | | | | | | |
| Paper Deta | ails: Ple | ase select Paper details which y | ou want to appear (UA | University A | Assessment,CA - Co | llege Assess | ment) | | | | |
| SN F | Paper Code | | Paper Name | | | | | AM - AT | | | |
| 1 | 83001 | Financial Accounting and Audit | ng IX - Financial Accou | nting | | Th-L | JA [] | | | | |
| 2 | 83007 | Financial Accounting and Audit | ng X - Cost Accounting | | | Th-L | JA [] | | | | |
| 3 | 83013 | Business Economics VI | | | | Th-L | JA [] | | | | |
| 4 | 83014 | Commerce VI | | | | Th-L | JA [] | | | | |
| 5 | 83015 | Direct and Indirect Taxation Pa | per II | | | Th-C | CA[] | | | | |
| 6 | 83023 | Investment Analysis and Portfo | lio Management Paper I | I | | Th-C | CA[] | | | | |
| Convocatio | on Fee | Exam Form Late | Fee | Exam Form | Super Late Fee | Exa | amination | Fees | | | |
| Mark State | ment Fee | Total: | | | | | | | | | |
| Payment D | etails: | Amount Received: | Coll | ege Receipt | No. and Date: | | | | | | |
| DD No: | | MICR No: | I | DD Date: | | Ban | ık. | | | | |
| | ference (Code/N | | | | | | | | | | |
| | ference (Code/N | | | | | | | | | | |
| | ontroller of Exam | | | | | | Place: | Vidyavihar | | | |
| - | | sent myself for the ensuing exan | nination. I have remitted | the prescribe | ed fee for the same. | l hereby | Flace. | viuyaviriai | | | |
| declare that | at all statement n | nade in this application are true, | complete and correct to | the best of n | ny knowledge and be | elief. I | Date: | | | | |
| | | abus and the list of books prescr cession such as change in time | | | | | | | | | |
| other grour | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | | |
| cancelled c | cancelled or rejected. Student's Signature | | | | | | | | | | |
| Declaratior | Declaration by Principal/HOD/Chairperson | | | | | | | | | | |
| This form is responsibil | s carefully scruti | nized by the College staff and by rectification of the information. H ccording to university rules. | | | | | | | | | |
| Place: | | | _ | | | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | |

| - | R. P. | | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! | | | | | | | | | |
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| | | To explo | re your personaliz | zed Job Opportunities, Cor http://mum.digitaluniv | npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Si | etc., click on 'EAs uvidha' account an | SY' link in your 'e-Suv d login today! | vidha' account | on | | | |
| 2 | PR 0170164 | N: 00846715 | Elig | ibility Status: Eligible | Examination for 029505 | | Division/Section: F | _ | No.: 85 | Disha | | |
| | ction Med | | | Ligible | | 1.011 | Nationality: | India | | | | |
| msuud | | ium. | | | Student's Pers | onal Informati | , | Inula | | | | |
| Stude | nt's Name | | | VINODKUMAR | Student's r ers | | Mother's Name: C | HETNA | 0 | Gender: Female | | |
| | | | | शा विनोदकुमार | | | | | | | | |
| | | - | - | 5 | | | | | | | | |
| | Address: 703/ TADMOR BLDG, SKYLINE OASIS, PREMIER ROAD, GHATKOPAR (W) | | | | | | | | | | | |
| | City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086 Telephone no.: 28517901 Mobile no: 918828350984 Email : DISHAPAMECHA0504@GMAIL.COM | | | | | | | | | | | |
| - | | | | | | | | | | | | |
| | DOB: Apr 05, 2000 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235953 (Status: Pass) | | | | | | | | | | | |
| | Exam Event. Apr-2019 [Seat No. 0255955 (Status, Pass) | | | | | | | | | | | |
| | Details: | 21 | | per details which vo | ou want to appear (UA | - University A | ssessment.CA - Co | lleae Asse | ssment) | | | |
| SN | | r Code | | , , | Paper Name | , | | | , | AM - AT | | |
| 1 | . 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | unting | | Th | n-UA[] | | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting |] | | Th | n-UA[] | | | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Th | n-UA[] | | | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Th | n-UA [] | | | |
| 5 | 83 | 015 | Direct and Ir | ndirect Taxation Pap | oer II | | | Th | n-CA[] | | | |
| 6 | 83 | 023 | Investment A | Analysis and Portfol | io Management Paper | 1I | | Th | n-CA[] | | | |
| Convo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | Examination | Fees | | |
| Mark S | Statemen | t Fee | | Total: | | | | | | | | |
| Dovro | ent Detai | e: | Amount Rece | inad | | llege Receipt | No. and Data: | | | | | |
| DD No | | s. // | | MICR No: | | DD Date: | NO. and Date. | B | ank: | | | |
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| | | ller of Exami | , | | | | | | Place: | Vidyavihar | | |
| l reque declar | est permi e that all | ssion to pres statement m | sent myself fo ade in this a | pplication are true, o | ination. I have remitted | o the best of n | ny knowledge and be | elief. I | Date: | viuyavinai | | |
| reques | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | | | |
| cance | lled or rej | ected. | | - | J | | | | St | udent's Signature | | |
| | | • | D/Chairpers | | | | | | | | | |
| respoi | nsibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular studen | | | | | | | |
| Place: | | | | | _ | | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | | |

| - Contraction of the second se | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. | | | | | | | | | |
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| | | To explo | re your personaliz | B.Com.(with Cre zed Job Opportunities, C | dits)-Regular-Rev16-T. ompetitive Exams, Career Fair iversity.ac/. Activate your 'e-S | Y. B.ComSer s etc., click on 'EAS | n VI [2C00146] SY'link in your 'e | ⊱Suvidha' acco | unt on | |
| 20 | PR 170164 | N: 00846746 | Eligi | ibility Status: Eligible | Examination for 029506 | m No.: | Division/Section | n: R | oll No.: 592 | Jainam. |
| - | tion Med | | | | | | Nationality: | India | | |
| mourue | | ium. | | | Student's Pers | sonal Informati | , | | | |
| Studen | it's Name | | M PRAKASH | BHAI SHAH | | | Mother's Name | : FALGUNI | BEN | Gender: Male |
| | | | age:જૈનમ પ્રક | | | | | | | |
| | | | • | | | | | | | |
| | Address: 3/16,VAMAN APT. GOGRASSWADI City: Dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201 | | | | | | | | | |
| | Felephone no.: Mobile no: 918879601061 Email : jainam5450@gmail.com | | | | | | | | | |
| | ODB: May 23, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236102 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| Paper l | Details: | Plea | ase select Pa | per details which | ou want to appear (UA | A - University A | Assessment,CA - | College As | sessment) | |
| SN | Pape | r Code | | | Paper Name | 9 | | | | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Aud | ting IX - Financial Acco | unting | | | Th-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Aud | ting X - Cost Accountin | g | | | Th-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | | Th-UA [] | |
| 4 | 83 | 014 | Commerce \ | | | | | | Th-UA [] | |
| 5 | | 015 | | direct Taxation Pa | aper II | | | | Th-CA[] | |
| 6 | | 016 | Export Marke | eting Paper II | | | | | Th-CA[] | |
| | cation Fe | | | Exam Form Late | Fee | Exam Form | Super Late Fee | | Examinati | on Fees |
| Mark S | tatemen | lree | | Total: | | | | | | |
| Payme | nt Detai | s: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
| DD No: | : | | | MICR No: | | DD Date: | | | Bank: | |
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| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, The | e Contro | ller of Exami | ination, | | | | | | Plac | e: Vidyavihar |
| declare | e that all | statement m | ade in this ap | oplication are true | mination. I have remitte complete and correct t ribed for the examinatio | o the best of n | ny knowledge an | d belief. I | Date | : |
| reques other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancen | | ecieu. | | | | | | | | Student's Signature |
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| respon | sibility o | f fulfillment/r | ectification of | | y me. The information p le/she is regular studer | | | | | lge. I also undertake the ndance and practical |
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| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| - | P. C. | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Cor | versity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su ts)-Regular-Rev16-T.` npetitive Exams, Career Factor resity.ac.'. Activate your 'e-S | rsitv.ac/ nce and Comm ummer Sessio Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | vidha' account | ton | |
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| | PR | N: | Eligi | bility Status: | Examination for 029507 | | Division/Section: | Roll | l No.: | lose |
| 20 | 0170164 | 00846793 | Ĵ | Eligible | | | D | 4 | 53 | Bhushal |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Stude | nt's Name | e: DODH | YA KHUSHA | L NAVIN | | | Mother's Name: M | UKTA | 0 | Gender: Male |
| Name | Name in Vernacular Language:दोढिया खुशाल नवीनचंद्र | | | | | | | | | |
| Addre | Address: ARIHANT DHAM A WING 4TH FLOOR 401 DHAMANKAR NAKA | | | | | | | | | |
| City: B | BHIWAND | DI, Taluka: B | hiwandi, Disti | rict: Thane, State: N | laharashtra, PIN: 421 | 302 | | | | |
| Telepł | none no.: | | | Mobi | le no: 917378628919 | | Ema | il : KHUSH | IALDODHIY | A99@GMAIL.COM |
| DOB: | Sep 21, 1 | 1999 | Ca | tegory: Open | | Physically | Handicap: No | | | |
| Previo | ous Lates | t Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | 5 | Seat No: 023 | 35716 (Status: Pass) |
| Exam | form app | earance typ | e: Fresher | | | | | | | |
| · · | Details: | | ase select Pa | per details which yo | ou want to appear (UA | , | Assessment,CA - Co | llege Asse | essment) | |
| SN | | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ng IX - Financial Acco | | | | h-UA [] | |
| 2 | | 007 | | - | ng X - Cost Accounting | g | | | h-UA [] | |
| 3 | | 013 | Business Ec | | | | | | h-UA [] | |
| 4 5 | | 014 015 | Commerce \ | | or II | | | | h-UA [] | |
| 5 6 | | 015 016 | | direct Taxation Pap eting Paper II | | | | | h-CA [] h-CA [] | |
| - | cation Fe | | | Exam Form Late F | 20 | Exam Form | Super Late Fee | <u>_</u> | Examination | Fees |
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| Payme | ent Detai | ls: / | Amount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
| DD No |) : | | | MICR No: | | DD Date: | | В | ank: | |
| Cente | r Prefere | nce (Code/N | ame): | | | | | | | |
| | | nce (Code/N | , | | | | | | | |
| l reque declar | est permi e that all | statement m | ent myself fo ade in this ap | oplication are true, o | ination. I have remitte complete and correct to ped for the examination | o the best of n | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | lied of rej | eclea. | | | | | | | St | udent's Signature |
| | - | - | D/Chairperso | | me. The information p | printed in the f | orm is correct to the | hest of my | / knowledge | l also undertake the |
| respor | nsibility o | f fulfillment/r | ectification of | | e/she is regular studen | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| 9 | | To explor | e your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumba http://mum.digitalunivers College of Arts, Science for Examination of Sur ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs presity.ac/. Activate your 'e-Sur | sity.ac/ ce and Comm mmer Sessio 7. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' accoun | it on | |
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| | | | | | ersity.ac/. Activate your 'e-Su Examination form | | | <u> </u> | | |
| | PR | | - | bility Status: | 029508 | | Division/Section: | _ | ll No.: 191 | Drive |
| | | 00846804 | | Eligible | | | E | | 191 | |
| Instruc | ction Med | ium: | | | | | Nationality: | India | | |
| 0. 1 | | | | | Student's Perso | onal Informati | - | | <u>. </u> | o |
| | nt's Name | | | | | | Mother's Name: M | EENABEI | N (| Gender: Male |
| Name | in Verna | cular Langua | age:अमित रमे | शिभाई शाह | | | | | | |
| | Address: room no.11 shiva chawl kisan nagar no.2 wagle estate | | | | | | | | | |
| | City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604 | | | | | | | | | |
| | elephone no.: Mobile no: 919702544672 Email : amitshah2082000@gmail.com | | | | | | | | | |
| | DOB: Aug 20, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236093 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | |
| · · | Details: | | ise select Pa | per details which yo | | - University A | Assessment, CA - Co | liege Asso | essment) | AM - AT |
| SN 1 | • | r Code 001 | Financial Ac | counting and Auditi | Paper Name | nting | | | ĥ-UA [] | |
| 2 | | 007 | | • | ng X - Cost Accounting | • | | | 'h-UA [] | |
| 3 | | 013 | Business Ec | - | | | | | 'h-UA[] | |
| 4 | | 014 | Commerce V | | | | | | 'h-UA[] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | | 'h-CA[] | |
| 6 | 83 | 016 | | eting Paper II | | | | | h-CA[] | |
| Convo | cation Fe | e | · | Exam Form Late F | ee | Exam Form | Super Late Fee | _ | Examination | Fees |
| Mark S | Statemen | t Fee | | Total: | | | | | | |
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| | ent Detai | s: / | Amount Rece | | Coll | 0 1 | No. and Date: | | | |
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| l reque declar | est permi e that all | ssion to pres statement m | ent myself fo ade in this ap | oplication are true, o | ination. I have remitted | the best of n | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancer | | colou. | | | | | | | St | udent's Signature |
| Declar | ration by | Principal/HO | D/Chairperso | on | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | me. The information po e/she is regular student | | | | | |
| Place: | | | | | _ | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| 0 | | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] Image: Control of Summer Session 2020 event. | | | | | | | | | |
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| | | To explo | re your personaliz | zed Job Opportunities, Cor | ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | etc., click on 'EAS | SY' link in your 'e-Suv | ridha' account or | n | | |
| 2 | PR | N: 00846874 | Elig | ibility Status: Eligible | Examination form 029509 | | Division/Section: C | Roll N 297 | - | Dowawi | |
| | ction Med | | | Eligible | | 1 81 | Nationality: | India | | 01 | |
| msuu | | num. | | | Student's Perso | onal Informati | , | Inula | | | |
| Stude | nt's Name | | AMI VIDHI J | | Student's Fers | | Mother's Name: J | | 0 | Gender: Female | |
| | | | | | | | | | | | |
| | lame in Vernacular Language:गोस्वामी विधी JITENDRA \ddress: B1/602, RITU WORLD BARRAGE ROAD BADLAPUR WEST | | | | | | | | | | |
| | City: THANE, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421503 | | | | | | | | | | |
| | | | | | | 5 | Emai | il · vidhiaosw | vami09@o | imail com | |
| | elephone no.: Mobile no: 918976235245 Email : vidhigoswami09@gmail.com IOB: Sep 02, 1999 Category: Open Physically Handicap: No | | | | | | | | | | |
| | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235766 (Status: Pass) | | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | | |
| | Details: | | | per details which yo | ou want to appear (UA | - University A | Assessment,CA - Co | llege Asses | sment) | | |
| SN | Pape | r Code | | | Paper Name | | | | , | AM - AT | |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Accou | unting | | Th-I | UA[] | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | J | | Th- | UA[] | | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Th-I | UA[] | | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Th-I | UA[] | | |
| 5 | 83 | 015 | Direct and Ir | ndirect Taxation Pap | er II | | | Th-0 | CA[] | | |
| 6 | 83 | 016 | Export Mark | eting Paper II | | | | Th-0 | CA[] | | |
| Convo | ocation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | Ex | amination | Fees | |
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| | | ller of Exam | , | | | | | | Place: | Vidyavihar | |
| declar | e that all | statement m | ade in this a | pplication are true, o | ination. I have remitted | o the best of n | ny knowledge and be | elief. I | Date: | | |
| reque | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | | |
| | lled or rej | | | | | | | | St | udent's Signature | |
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| respo | nsibility o | f fulfillment/r | ectification of | | me. The information p s/she is regular student | | | | | | |
| Place | : | | | | _ | | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | | |

| | | To explo | re your personaliz | ed Job Opportunities, Co | ts)-Regular-Rev16-T. npetitive Exams, Career Fai ersity.ac/. Activate your 'e-S | s etc., click on 'EAs | SY' link in your 'e-Suv | ridha' accou | nt on | |
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| 21 | PR | N:)0846932 | Ů | bility Status: Eligible | Examination for 029510 | m No.: | Division/Section: | Ro | ll No.: 42 | Sausiat |
| | ction Med | | | Liigible | | | Nationality: | India | | |
| msuud | | ium. | | | Student's Per | sonal Informati | , | Inula | | |
| Stude | nt's Name | | AR SURYBH | | Students reis | | Mother's Name: U | SHA DE\ | /1 | Gender: Male |
| | | | age:जैस्वार सूर | | | | | | | |
| | | | | • | | - 0:l.h | | | | |
| | Address: dr babasaheb ambedkar nagar tagore nagar near ruby hospital group no 2,vikhroli east City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400083 | | | | | | | | | |
| , | | | a, District. Mit | | | | Emai | | r covito07@ | amail.com |
| | Telephone no.: Mobile no: 918108856026 Email : jaiswar.savita97@gmail.com | | | | | | | | | |
| | DOB: Jun 07, 2000 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236274 (Status: Pass) | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| | Details: | | | per details which vo | ou want to appear (U | A - University A | ssessment.CA - Co | lleae Ass | essment) | |
| SN | | r Code | | | Paper Name | | | | , | AM - AT |
| 1 | 83 | 001 | Financial Aco | counting and Auditi | ng IX - Financial Acco | ounting | | 1 | [h-UA [] | |
| 2 | 83 | 007 | Financial Aco | counting and Auditi | ng X - Cost Accountin | g | | ٦ | [h-UA [] | |
| 3 | 83 | 013 | Business Eco | onomics VI | | | | ٦ | [h-UA [] | |
| 4 | 83 | 014 | Commerce V | 4 | | | | ٦ | [h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Par | oer II | | | 1 | [h-CA [] | |
| 6 | 83 | 020 | Computer sy | stems and Applicat | ions Paper II | | | ר | [h-UA [] ;Th | -CA[] |
| Convo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | n Fees |
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| Payme | ent Detai | s: / | Amount Recei | ived: | Co | ollege Receipt | No. and Date: | | | |
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| Cente | r Prefere | nce (Code/N | ame): | • | | | | | | |
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| To, Th | e Contro | ller of Exam | ination, | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct | to the best of n | ny knowledge and be | elief. I | Date: | |
| reques | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | lied of rej | ected. | | | | | | | S | tudent's Signature |
| Declar | ration by | Principal/HC | D/Chairperso | on | | | | | | |
| respor | nsibility o | f fulfillment/r | ectification of | | me. The information e/she is regular studer | | | | | e. I also undertake the ance and practical |
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| e e | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitaluniv/ College of Arts, Scie for Examination of S ts)-Regular-Rev16-T. npetitive Exams, Career Fail ersity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | idha' accou | nt on | |
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| | PR | | | bility Status: | Examination for 029511 | | Division/Section: | Ro | II No.: | (D) P |
| 20 | 0170164 | 00846947 | | Eligible | | | D | 4 | 419 | 02-1 |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Per | sonal Informati | on | | | |
| | nt's Name | | SHRADHA | | | | Mother's Name: SI | NEHA | | Gender: Female |
| Name in Vernacular Language:श्राद्ध अश्विन पटेल | | | | | | | | | | |
| Addres | Address: 801, LOTUS C.H.S PLOT NO. 6 SECTOR 20 KHARGHAR NAVI MUMBAI 410210 | | | | | | | | | |
| City: N | IAVI MUI | MBAI, Taluka | a: Panvel, Dis | - | Maharashtra, PIN: 4 | | 1 | | | |
| | none no.: | | 1- | | le no: 917021893835 | - | | I : PATEL | SHRADHA | 2@GMAIL.COM |
| | DOB: Apr 20, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235995 (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 | | r Code | | per details which ye | Paper Name | | | | | AM - AT |
| 1 | | | | | | | | | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accountin | ig | | Г | [] [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Т | [h-UA [] | |
| 4 | 83 | 014 | Commerce V | / | | | | Г | [h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | T | [h-CA [] | |
| 6 | | 016 | Export Marke | eting Paper II | | | | 'ī | [h-CA [] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examination | Fees |
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| Payme | ent Detai | s: / | Amount Rece | ived: | Co | ollege Receipt | No. and Date: | | | |
| DD No |): | | | MICR No: | | DD Date: | | ł | Bank: | |
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| l reque declare have g | est permi e that all jone thro | statement m ugh the sylla | ent myself fo ade in this ap bus and the l | pplication are true, of ist of books prescri | ination. I have remitte complete and correct bed for the examination | to the best of m on for which I a | ny knowledge and be m appearing. I shall | elief. I not | Place: Date: | Vidyavihar |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
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| This for respor | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information e/she is regular studer | | | | | e. I also undertake the ance and practical |
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| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | H | To explo | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ Nttp://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Suvidha' account on http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! Examination form No.: Division/Section: | | | | | | | | | |
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| | PR | | | | | | Division/Section: | Rol | l No.: | | | |
| 201 | 701640 | 0846963 | | Eligible | | | E | 5 | 84 | ant | | |
| Instructio | on Med | ium: | | | | | Nationality: | India | | | | |
| | | | | | Student's Pers | onal Informati | on | | | | | |
| Student' | s Name | : Kataf | RIA PAYAL M | AHESH | | | Mother's Name: P | RITI | (| Gender: Female | | |
| Name in | Verna | cular Langua | age:Payal kat | taria | | | · | | | | | |
| Address | Address: Room no. 312 Azad nagar Ghatkopar west | | | | | | | | | | | |
| City: Mu | City: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086 | | | | | | | | | | | |
| Telepho | ne no.: | | | Mob | ile no: 918080814250 | | Ema | il : payalka | ataria99@gr | mail.com | | |
| DOB: Ma | ar 04, 1 | 999 | Ca | tegory: Open | | Physically | Handicap: No | | | | | |
| Previous | s Lates | Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | 5 | Seat No: 02 | 35856 (Status: ATKT) | | |
| Exam fo | rm app | earance type | e: Fresher | | | | | | | | | |
| Paper D | etails: | Plea | ase select Pa | per details which ye | ou want to appear (UA | - University A | Assessment,CA - Co | llege Asse | essment) | | | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT | | |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | unting | | TI | h-UA[] | | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting |] | | TI | h-UA[] | | | |
| 3 | 83 | 013 | Business Ec | onomics VI | - | - | | ТІ | h-UA [] | | | |
| 4 | 83 | 014 | Commerce \ | /I | | | | | h-UA [] | | | |
| 5 | 83 | 015 | Direct and In | direct Taxation Par | per II | | | | h-CA[] | | | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | TI | h-CA [] | | | |
| Convoca | ation Fe | e | | Exam Form Late | ee | Exam Form | Super Late Fee | 'E | Examination | i Fees | | |
| Mark Sta | atemen | t Fee | | Total: | | | · · | | | | | |
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| - | | ller of Exami | - | with a analysing awar | inction I have remitted | d the preserily | ad fac far the same | l horoby | Place: | Vidyavihar | | |
| declare t | that all | statement m | ade in this ap | oplication are true, | ination. I have remitted complete and correct to bed for the examinatio | o the best of n | ny knowledge and be | elief. I | Date: | | | |
| other gro | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | | | |
| cancelle | cancelled or rejected. Student's Signature | | | | | | | | | | | |
| Declarat | Declaration by Principal/HOD/Chairperson | | | | | | | | | | | |
| responsi | ibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular studen | | | | | | | |
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| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | | | |

| | P. C. | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi ed Job Opportunities, Cor | versity of Mumb http://mum.digitaluniv/ College of Arts, Scie for Examination of S ts)-Regular-Rev16-T. npetitive Exams, Career Fail arsity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Session Y. B.ComSer rs etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suv | idha' accou | nt on | |
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| | PR | N: | Eligi | bility Status: | Examination for 029513 | rm No.: | Division/Section: | Ro | II No.: | Sto |
| 2 | 0170164 | 00847003 | | Eligible | | | D | | 450 | 1-2 |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Per | sonal Informati | on | | | |
| Stude | nt's Name | e: GOME | S JUSTUS JI | JDE | | | Mother's Name: M | ARINA | | Gender: Male |
| Name in Vernacular Language:गोम्स जस्टस जूड | | | | | | | | | | |
| Addre | Address: House No-105, Village Ward 'B', Fr Peter Pereira Road Old Kurla (West), Mumbai-400070 | | | | | | | | | |
| City: N | /lumbai, ⊺ | Faluka: Kurla | , District: Mu | mbai Suburban, Sta | te: Maharashtra, PIN | : 400070 | | | | |
| Telepł | none no.: | | | | le no: 919029531329 | - | | l : justus | gomes.j@gm | nail.com |
| | May 12, 2 | | | tegory: Open | | | Handicap: No | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235757 (Status: Pass) | | | | | | | | | |
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| SN | Details: | r Code | ase select Pa | per details which yo | Paper Name | , | Ssessment, CA - Co | liege Ass | essment) | AM - AT |
| 1 | | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | | | | [h-UA [] | AWI - AT |
| 2 | | 007 | | - | ng X - Cost Accountin | - | | | [] [h-UA[] | |
| 3 | 83 | 013 | Business Ec | | 3 | 5 | | | [] | |
| 4 | 83 | 014 | Commerce V | / | | | | 1 | [h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | ٦ | [h-CA [] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | ٦ | [h-CA[] | |
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| l reque declar | est permi e that all | statement m | ent myself fo ade in this ap | plication are true, o | ination. I have remitte complete and correct bed for the examination | to the best of m | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
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| This for respon | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information //she is regular studer | | | | | e. I also undertake the ance and practical |
| Place: | | | | | - | | | | | |
| Date: | ate: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

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| | | To explo | re your personaliz | ed Job Opportunities, Cor | ts)-Regular-Rev16-T. npetitive Exams, Career Fai ersity.ac/. Activate your 'e-S | rs etc., click on 'EAS | SY' link in your 'e-Su | /idha' accou | nt on | |
| 2 | PR 0170164 | N: 00847073 | Ĭ | bility Status: Eligible | Examination for 029514 | rm No.: | Division/Section: | _ | ll No.: 171 | 18hinish |
| | ction Med | | | Ligible | | | Nationality: | India | | |
| mouut | | ium. | <u> </u> | | Student's Per | sonal Informati | , | India | | |
| Stude | nt's Name | e: YERA | A TANVI SHI | RISH | Oldentor en | | Mother's Name: S | HRADDH | IA | Gender: Female |
| | | | age:येरं तन्वी | | | | | | | |
| | | | • | | | | | | | |
| | Address: 602 B WING, SHIVSHRUSHTI NARDAS NAGAR BHANDUP WEST | | | | | | | | | |
| | City: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400078 Felephone no.: Mobile no: 919967231536 Email : tanviy290@gmail.com | | | | | | | | | |
| | Sep 15, 1 | 999 | Cat | egory: Open | 10.010007201000 | | Handicap: No | | Loowginali | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236243 (Status: Pass) | | | | | | | | | |
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| 1 | 83 | 001 | Financial Aco | counting and Auditi | ng IX - Financial Acco | ounting | | ٦ | [h-UA [] | |
| 2 | 83 | 007 | Financial Aco | counting and Auditi | ng X - Cost Accountir | ıg | | ٦ | [h-UA [] | |
| 3 | 83 | 013 | Business Eco | onomics VI | | | | ٦ | [] [] [h-UA | |
| 4 | 83 | 014 | Commerce V | ′ I | | | | ٦ | [h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | ٦ | [] [h-CA | |
| 6 | 83 | 029 | Elements of | Operational Reseau | ch Paper II | | | ٦ | [] [h-CA | |
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| To, Th | e Contro | ller of Exam | nation, | | | | | | Place | : Vidyavihar |
| declar | e that all | statement m | ade in this ap | plication are true, o | ination. I have remitte complete and correct ped for the examination | to the best of m | ny knowledge and be | elief. I | Date: | |
| reques | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cance | | ecieu. | | | | | | | S | Student's Signature |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information | | | | | e. I also undertake the dance and practical |
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| | | 00847096 | | Eligible | | | D | | 403 | |
| Instruc | ction Med | ium: | | | | | Nationality: | India | | |
| Studo | nt's Name | | 3 SALONI SA | | Student's Per | sonal Informati | on Mother's Name: S | | | Gender: Female |
| | | | | | | | Would s Name. St | JNAL | | |
| | | | age:परब सलोब | | | | | | | |
| | Idress: x9/9,GODREJ CREEKSIDE COLONY VIKHROLI (EAST) | | | | | | | | | |
| , | ity: Mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400079 elephone no.: Mobile no: 918652254369 Email : parabsaloni3@amail.com | | | | | | | | | |
| | Telephone no.: Mobile no: 918652254369 Email : parabsaloni3@gmail.com NOB: Aug 06, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | DOB: Aug 06, 1999 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235968 (Status: Pass) | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | 9 | | | | AM - AT |
| 1 | 83 | 001 | Financial Acc | counting and Auditir | ng IX - Financial Acco | ounting | | ٦ | [h-UA [] | |
| 2 | 83 | 007 | Financial Acc | counting and Auditin | ng X - Cost Accountin | g | | ר | [h-UA [] | |
| 3 | | 013 | Business Eco | | | | | | [h-UA [] | |
| 4 | | 014 | Commerce V | | | | | | [h-UA [] | |
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| | | nce (Code/N | , | | | | | | | |
| l reque declar | 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 | | | | | | | | Vidyavihar | |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| | | | | | | | | | St | udent's Signature |
| This for respon | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information /she is regular stude | | | | | e. I also undertake the ance and practical |
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| a la | | To explo | re vour personaliz | S. K. Somaiya Application Form B.Com.(with Credi | iversity of Mumb http://mum.digitalunive College of Arts, Scier for Examination of Su its)-Regular-Rev16-T. mpetitive Exams, Career Fair | ersity.ac/ nce and Comm ummer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' accou | int on | |
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| | PR | | Ĭ | bility Status: | Examination for 029516 | | Division/Section: | R | oll No.: | Grace |
| | | 00847115 | | Eligible | | | A | | 21 | Green |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | <u> </u> | | | | Student's Pers | sonal Informati | - | | | . |
| | nt's Name | | | HANDRAKANT | | | Mother's Name: SI | JCHITR | A | Gender: Male |
| | | | - | ikhil chandrakant | | | | | | |
| | | • • • | | | libar road ghatkopar v | | | | | |
| | y: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400086 lephone no.: Mobile no: 917039213800 Email : chavanncc121@gmail.com | | | | | | | | | |
| <u> </u> | | 000 | 0.4 | | le no: 917039213800 | - | | II: cnava | inncc i z i @g | mail.com |
| | Feb 16, 1 | | | tegory: Open | 6) | | Handicap: No | | Seet No. 0 | 225660 (Status Dasa) |
| | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235669 (Status: Pass) | | | | | | | | | |
| | 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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| 1 | | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | | | , | Th-UA[] | |
| 2 | | 007 | | | ng X - Cost Accounting | | | | Th-UA[] | |
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| 5 | | 015 | | direct Taxation Pap |)er II | | | | Th-CA[] | |
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| l reque declare | est permi e that all | statement m | ent myself fo ade in this ap | oplication are true, o | ination. I have remitte complete and correct t bed for the examinatic | to the best of m | ny knowledge and be | elief. I | Place Date: | : Vidyavihar |
| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
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| This for respon | orm is car nsibility o | refully scrutin f fulfillment/r | nized by the C ectification of | College staff and by | r me. The information p e/she is regular studer | | | | | e. I also undertake the dance and practical |
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| - | L. | | | S. K. Somaiya Application Form | versity of Mumb http://mum.digitaluniver College of Arts, Scien for Examination of Su | r <u>sity.ac/</u> ce and Comm mmer Sessio | nerce (540) n 2020 event. | | | | |
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| | | To explo | re your personaliz | ed Job Opportunities, Co | its)-Regular-Rev16-T.\ npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | etc., click on 'EAS | SY' link in your 'e-Suv | ridha' account o | on | | |
| 2 | PR | N: 00847131 | Elig | ibility Status: Eligible | Examination forr 029517 | n No.: | Division/Section: | Roll I | - | Dotta | |
| | ction Med | | | Ligible | | | Nationality: | India | | | |
| motra | | | | | Student's Pers | onal Informati | | | | | |
| Stude | nt's Name | e: PANDA | A ANITA AKU | ILKUMAR | 0.000 | | Mother's Name: Bl | NATI | | Gender: Female | |
| Name | in Verna | | | ता अकुलकुमार | | | | | | | |
| | | | - | 5 5 | | | | | т) | | |
| | ess: JAI AMBE MITRA MANDAL,OPP.MUNICIPAL SCHOOL, K.A.ROAD,SANDESH NAGAR,BAIL BAZAR KURLA(WEST) MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070 | | | | | | | | | | |
| | hone no.: Mobile no: 918424989855 Email : akashpanda2602@gmail.com | | | | | | | | | | |
| | DB: Jun 12, 2000 Category: Open Physically Handicap: No | | | | | | | | | | |
| | OB: Jun 12, 2000 Category: Open Physically Handicap: No revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235961 (Status: Pass) | | | | | | | | | | |
| | Exam Event. Apr-2019 [Seat No. 0235961 (Status: Pass) | | | | | | | | | | |
| Paper | Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | | |
| SN | Pape | r Code | | | Paper Name | | | | i | AM - AT | |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Accou | unting | | Th | -UA[] | | |
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| 3 | 83 | 013 | Business Ec | onomics VI | | | | Th | -UA[] | | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Th | -UA[] | | |
| 5 | 83 | 015 | Direct and Ir | direct Taxation Pap | oer II | | | Th | -CA[] | | |
| 6 | 83 | 029 | Elements of | Operational Resear | rch Paper II | | | Th | -CA[] | | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | E | xamination | Fees | |
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| To, Th | e Contro | ller of Exami | ination, | | | | | | Place: | Vidyavihar | |
| declar | e that all | statement m | ade in this a | oplication are true, o | ination. I have remitted complete and correct to bed for the examination | o the best of n | ny knowledge and be | elief. I | Date: | | |
| reque other | we gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not quest for any special concession such as change in time or day fixed for university Examination etc. on religious or any her ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | | |
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| | PR | | Ĭ | bility Status: | Examination for 029518 | m No.: | Division/Section: | | oll No.: 240 | 9. Andrew |
| | | 00847185 | | Eligible | | | C | | 240 | The second second second second |
| Instruc | ction Mec | lium: | | | Chudaatla Daa | | Nationality: | India | | |
| Studo | nt's Nam | | HAN SIDDHA | | Student's Pers | sonal Informati | on Mother's Name: R | | | Gender: Male |
| | | | | | | | | ENU | | |
| | | - | age:चौहान सि | · • | | | | | | |
| | ress: GANI SETH CHAWL ROOM NO.3 AMBEDKAR ROAD THANE (WEST) | | | | | | | | | |
| - | ty: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601 | | | | | | | | | |
| | elephone no.: Mobile no: 919004858780 Email : siddharthchauhan599@gmail.com OB: Nov 27, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| | , | | | tegory: Open m IV(Regular-Rev1) | 2) | | Handicap: No | | Cont No. 02 | 2E667 (Statuar Daga) |
| | | | | m IV(Regular-Rev I | 0) | Exam Even | t: Apr-2019 | | Seat No: 02 | 35667 (Status: Pass) |
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| 1 | | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | | | - | Th-UA[] | , , |
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| 3 | 83 | 013 | Business Ec | - | | • | | - | [] Th-UA | |
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| 6 | 83 | 016 | Export Marke | eting Paper II | | | | 1 | [] Th-CA | |
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| | | ller of Exami | , | | | | | | Place: | Vidyavihar |
| l reque declar | est permi e that all | ssion to pres statement m | ent myself fo ade in this ap | plication are true, o | ination. I have remitte complete and correct bed for the examination | to the best of m | ny knowledge and be | elief. I | Date: | Viuyaviilai |
| other | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
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| | 4 | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumb http://mum.digitalunive College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.1 npetitive Exams, Career Fairs arsity.ac. Activate your 'e-Su | r <u>sity.ac/</u> ce and Comm mmer Session /. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | idha' account | on | |
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| 20 | 1701640 | 00847212 | _ | Eligible | | | F | 76 | 61 | . Marine . |
| Instruct | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Studen | t's Name | e: JAIN Y | OGESH JHA | MAKLAL | | | Mother's Name: M | ANJU | 0 | Gender: Male |
| Name i | in Verna | cular Langua | age:जैन योगे | श झमकलाल | | | | | | |
| Addres | ldress: Room no 273, Bldg no 8, Nr sharda Mandir, Wadia Estate, Bail Bajar, Kurla (W) mumbai -400070 | | | | | | | | | |
| City: m | ty: mumbai, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400070 | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 919619240570 Email : jainyash2090@gmail.com | | | | | | | | | |
| DOB: J | OB: Jan 04, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235823 (Status: Pass) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| <u> </u> | Details: | | ase select Pa | per details which yo | u want to appear (UA | - University A | Assessment,CA - Co | llege Asse | ssment) | |
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| 1 | | 001 007 | | • | ng IX - Financial Accou | • | | | I-UA [] | |
| 2 | | 007 013 | Business Ec | | ng X - Cost Accounting | J | | | I-UA [] I-UA [] | |
| 4 | | 013 014 | Commerce V | | | | | | -UA[] | |
| 5 | | 601 4 6015 | | direct Taxation Pap | er II | | | | -CA[] | |
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| request other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
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| respon | sibility o | f fulfillment/r | ectification of | | me. The information p /she is regular studen | | | | | |
| Place: | | | | | - | | | | | |
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| | L. | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | <u>sity.ac/</u> ce and Comm mmer Sessio ′. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | idha' accou | nt on | |
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| | PR | | | bility Status: | Examination form | | Division/Section: | Bo | II No.: | 1 |
| 20 | | 00847227 | Ŭ Ŭ | Eligible | 029520 | | E | _ | 481 | *··· |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | on | | | |
| Studen | nt's Name | e: SAVLA | KEVAL SHA | ILESH | | | Mother's Name: JA | GRUTI | (| Gender: Male |
| Name i | in Verna | cular Langua | age:सावला केव | বল খঁলेश | | | | | | |
| Addres | s: 288,1 | /1 sagar nag | ar indrayani s | soc vikhroli parksite | (w) | | | | | |
| | ity: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400079 | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 918108234249 Email : kevalsavla59@gmail.com | | | | | | | | | |
| DOB: N | OB: Nov 24, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | us Lates | t Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | | Seat No: 02 | 36076 (Status: Pass) |
| Exam f | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | | - | ng IX - Financial Accou | - | | | [h-UA [] | |
| 2 | | 007 | | | ng X - Cost Accounting | | | | [h-UA [] | |
| 3 | | 013 | Business Ec | | | | | | [h-UA [] | |
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| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| | | | | | | | | | St | udent's Signature |
| This fo respon | rm is ca sibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information p //she is regular student | | | | | |
| Place: | | | | | | | | | | |
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| | E Contraction of the second seco | University of Mumbai, Mumbai http://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Application Form for Examination of Summer Session 2020 event. B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] To explore your personalized Job Opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Suvidha' account on http://mum.digitaluniversity.ac/. Activate your 'e-Suvidha' account and login today! RN: Eligibility Status: | | | | | | | | | | |
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| | PR | N: | Eligi | bility Status: | Examination for 029521 | m No.: | Division/Section: | | | Allow | | |
| 20 | 0170164 | 00847235 | | Eligible | | | В | | 149 | | | |
| Instruc | ction Med | lium: | | | | | Nationality: | India | | | | |
| | | | | | Student's Pers | sonal Informati | - | | | | | |
| | nt's Name | | SOHAIB ALA | | | | Mother's Name: ZI | EENAT | | Gender: Male | | |
| Name | in Verna | cular Langua | age:खान सोहै | ब आलम मोहद | | | | | | | | |
| Addres | ress: PANKEH SHAH BABA DARGAH AMINA BI CHAEL ROOM NO 10 GHATKOPAR- WEST | | | | | | | | | | | |
| City: N | y: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400086 | | | | | | | | | | | |
| Teleph | elephone no.: Mobile no: 918369055489 Email : SK1018137@GMAIL.COM | | | | | | | | | | | |
| | DOB: Apr 18, 2000 Category: Open Physically Handicap: No | | | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235873 (Status: Pass) | | | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | | | |
| <u> </u> | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | | | |
| SN | | r Code 001 | Financial Acc | ounting and Auditi | Paper Name | | | | | AM - AT | | |
| 1 | | 007 | | | ng IX - Financial Accong X - Cost Accountin | | | | ⁻ h-UA [] ⁻ h-UA [] | | | |
| 3 | | 013 | Business Eco | | ig X - COSt Accountin | 9 | | | 'h-UA [] | | | |
| 4 | | 014 | Commerce V | | | | | | h-UA[] | | | |
| 5 | | 015 | | direct Taxation Pap | er II | | | | h-CA[] | | | |
| 6 | | 029 | | Operational Resear | | | | | h-CA[] | | | |
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| other g | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | | | |
| ouncei | | 00100. | | | | | | | St | udent's Signature | | |
| This for respor | orm is can nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information /she is regular studer | | | | | e. I also undertake the ance and practical | | |
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| A Charles | | To explc | | S. K. Somaiya Application Form B.Com.(with Credi and Job Opportunities, Con | http://mum.digitalunive http://mum.digitalunive a College of Arts, Scien a for Examination of Su its)-Regular-Rev16-T.` mpetitive Exams, Career Fairs rersity.ac/. Activate your 'e-Sa | arsity.ac/ nce and Comm ummer Session Y. B.ComSer s etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY' link in your 'e-3 | Suvidha' acco | punt on | |
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| | PR | | Eligi | bility Status: | Examination for 029522 | m No.: | Division/Section: | R | oll No.: | Der. 3 |
| 20 |)170164 [,] | 00847297 | | Eligible | | | F | | 758 | Margo |
| Instruc | ction Med | dium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | sonal Informati | on | | | |
| Studer | nt's Name | e: NAZIY | A BANO MOH | ID WASE | | | Mother's Name: | RABIYA K | KHATOON | Gender: Female |
| Name in Vernacular Language:NAZIYA BANO MOHD WASE | | | | | | | | | | |
| Address: NEW RNA PARK BLDG NO 21 ROOM NO 704 A WING GOLDEN STAR SOCIETY VASHI NAKA VASHI NAKA CHEMBUR | | | | | | | | | | |
| City: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400074 | | | | | | | | | | |
| | elephone no.: Mobile no: 918108997132 Email : VASIMANSARI791@GMAIL.COM | | | | | | | | | |
| DOB: Apr 07, 2000 Category: Open Physically Handicap: No | | | | | | | | | | |
| | | | | | | | | | 64456 (Status: Pass) | |
| | | pearance type | | | | | | | 1 | |
| Paper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College Assessment) | | | | | | | | | | |
| SN | | er Code | | | Paper Name | - | | | | AM - AT |
| 1 | | 3001 | Financial Acc | counting and Auditi | ng IX - Financial Acco | unting | | | Th-UA [] | |
| 2 | 83 | 3007 | | • | ing X - Cost Accounting | | | | Th-UA [] | |
| 3 | | 3013 | Business Eco | • | <u> </u> | 5 | | | Th-UA [] | |
| 4 | | 3014 | Commerce V | | | | | | Th-UA[] | |
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| 6 | | 3023 | | • | lio Management Paper | r II | | | Th-CA[] | |
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| Payme | ent Detail | ls: / | Amount Recei | ived: | Co | llege Receipt | No. and Date: | | | |
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| l reque declare have g | est permi e that all jone thro | statement mough the sylla | sent myself for nade in this ap abus and the li | oplication are true, c list of books prescrib | nination. I have remitted complete and correct to bed for the examinatio | to the best of m on for which I a | ny knowledge and im appearing. I sha | belief. I all not | Place Date: | |
| other g | request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. Student's Signature | | | | | | | | Student's Signature | |
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| This fo respon | orm is cai nsibility o | refully scrutir of fulfillment/r | nized by the C | College staff and by the information. He | r me. The information p e/she is regular studen | | | | | ge. I also undertake the dance and practical |
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| and | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs arsity.ac/. Activate your 'e-Su | <u>sity.ac/</u> ce and Comn mmer Sessio ⁄. B.ComSei | nerce (540) n 2020 event. n VI [2C00146] | ridha' accou | int on | |
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| 2 | 0170164 | 00847332 | | Eligible | | | А | | 50 | and the second second |
| Instru | ction Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Perse | onal Informati | on | | | |
| Stude | nt's Name | e: KOKA | FE GANEAH | SANJAY SUVARNA | 4 | | Mother's Name: SI | JVARNA | 1 | Gender: Male |
| Name | in Verna | cular Langua | age: कोकाटे ग | णेश संजय सुवर्णा | | | | | | |
| Addre | ldress: Ahire chwal room no 2 St. Ulai road Lokmanya nagar pada no 4 | | | | | | | | | |
| City: T | y: Thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400606 | | | | | | | | | |
| Telepl | elephone no.: Mobile no: 918108033837 Email : kokateganesh444@gmail.com | | | | | | | | | |
| DOB: | ODB: Dec 22, 1998 Category: Open Physically Handicap: No | | | | | | | | | |
| Previc | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235884 (Status: Pass) | | | | | | | | | |
| Exam form appearance type: Fresher | | | | | | | | | | |
| Paper | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ng IX - Financial Accou | | | | Th-UA [] | |
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| l reque declar have g | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not | | | | | | | | Vidyavihar | |
| other | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
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| This for respon | orm is car nsibility o | refully scrutin f fulfillment/r | ectification of | College staff and by | me. The information p s/she is regular studen | | | | | e. I also undertake the ance and practical |
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| and | | Το εχρίοι | re your personaliz | S. K. Somaiy Application For B.Com.(with Cre | hiversity of Mumba http://mum.digitalunivers a College of Arts, Science n for Examination of Sur dits)-Regular-Rev16-T.Y ompetitive Exams, Career Fairs of iversity.ac/. Activate your 'e-Sur | sity.ac/ ce and Comm nmer Sessio . B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | <i>v</i> idha' accour | nt on | |
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| 20 | PR 0170164 | N: 00847347 | , i i i i i i i i i i i i i i i i i i i | bility Status: Eligible | 029524 | | Division/Section: B | _ | ll No.: 166 | 1 the second |
| | tion Med | | | | | | Nationality: | India | | |
| motrae | | ium. | | | Student's Perso | nal Informati | | | | |
| Studer | nt's Name | e: SHAH | ZARA RAJ | | | | Mother's Name: P | USHPA | | Gender: Female |
| | | | | | | | | | | |
| | ame in Vernacular Language:शाह झरा ddress: 8 asif manzil, kabad ali, opp. awai radio, charai | | | | | | | | | |
| | ddress: 8 asif manzil, kabad ali opp. awaj radio ,charai | | | | | | | | | |
| , | City: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400601 Yelephone no.: Mobile no: 919819177581 Email : zarashah231@gmail.com | | | | | | | | | |
| · · | Mar 07, 2 | 2000 | Cat | egory: Open | Jie 110. 919019177301 | Physically | Handicap: No | 11 . 2010311 | anzonwym | |
| | , | | | n IV(Regular-Rev | 16) | Exam Even | • | | Seat No: 02 | 36117 (Status: Pass) |
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| | Details: | 71 | | per details which | ou want to appear (UA | - University A | ssessment,CA - Co | llege Ass | essment) | |
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| 1 | 83 | 001 | Financial Acc | counting and Audi | ting IX - Financial Accou | nting | | Т | ĥ-UA [] | |
| 2 | 83 | 007 | Financial Acc | counting and Audi | ting X - Cost Accounting | | | Т | ĥ-UA [] | |
| 3 | 83 | 013 | Business Eco | onomics VI | | | | Т | ĥ-UA [] | |
| 4 | 83 | 014 | Commerce V | 1 | | | | Т | ĥ-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pa | iper II | | | Т | ⁻ h-CA[] | |
| 6 | 83 | 029 | Elements of | Operational Rese | arch Paper II | | | Т | [] h-CA | |
| Convo | cation Fe | e | | Exam Form Late | Fee | Exam Form | Super Late Fee | | Examinatior | n Fees |
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| | | ller of Exami | | | | | | | Place: | Vidyavihar |
| declare | e that all | statement m | ade in this ap | plication are true, | nination. I have remitted complete and correct to | the best of n | y knowledge and b | elief. I | Date: | |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be | | | | | | | | | |
| cancel | led or rej | ected. | | | | | | | St | udent's Signature |
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| respor | nsibility o | f fulfillment/r | ectification of | | y me. The information pr le/she is regular student | | | | | |
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| | 4 | Το εχρίοι | re your personaliz | S. K. Somaiy Application For B.Com.(with Cre | hiversity of Mumba http://mum.digitaluniversi ra College of Arts, Science m for Examination of Sum dits)-Regular-Rev16-T.Y. competitive Exams, Career Fairs e liversity.ac/. Activate your 'e-Suv | t <u>v.ac/</u> e and Comm nmer Session B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | Suvidha' accol | int on | 8 |
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| | PR | N: | Eligi | bility Status: | Examination form 029525 | No.: | Division/Section: | R | oll No.: | / |
| 20 | 1701640 | 00847363 | | Eligible | | | F | | 664 | |
| Instruct | tion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Persor | nal Informati | on | | | |
| Studen | t's Name | E: KHUTH | IIA VEER AR | VIND | | | Mother's Name: | NIRMALA | | Gender: Male |
| Name i | n Verna | cular Langua | age:ખૂથીએ વી | ર અરવિંદ | | | | | | |
| Addres | s: A/601 | MANAS RE | SIDENCY VE | ER SAVARKAR | MARG | | | | | |
| City: Th | City: THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400602 | | | | | | | | | |
| Teleph | Felephone no.: 25399780 Mobile no: 918451970210 Email : khuthiaveer5@gmail.com | | | | | | | | | |
| DOB: Jul 11, 1999 Category: Open Physically Handicap: No | | | | | | | | | | |
| Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235881 (Status: Pass) | | | | | | | | | 0235881 (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 | | r Code | | | Paper Name | | | | | AM - AT |
| 1 83001 Financial Accounting and Auditing IX - Financial Accounting Th-UA [] | | | | | | | | | | |
| 2 | | 007 | | - | ting X - Cost Accounting | | | | Th-UA [] | |
| 3 | | 013 | Business Eco | | | | | | Th-UA [] | |
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| 6 | | 023 | Investment A | - | olio Management Paper II | | | | Th-CA[] | |
| | cation Fe | - | | Exam Form Late | Fee | Exam Form | Super Late Fee | | Examinat | on Fees |
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| Payme | nt Detail | s: / | Amount Recei | ived: | Colle | ege Receipt | No. and Date: | | | |
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| To, The | e Contro | ller of Exami | nation, | | | | | | Plac | e: Vidyavihar |
| declare | that all | statement m | ade in this ap | plication are true | mination. I have remitted to , complete and correct to ribed for the examination | the best of m | y knowledge and | belief. I | Date | :: |
| other g | request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | |
| cancon | ou o oj | | | | | | | | | Student's Signature |
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| respon | sibility o | f fulfillment/r | ectification of | | by me. The information pri He/she is regular student o | | | | | |
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| 2 | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs ersity.ac. Activate your 'e-Su | r <u>sity.ac/</u> ce and Comm mmer Sessio ⁄. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' accou | nt on | |
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| | PR | | | | Examination forr | | | De | | |
| 20 | | N. 00847436 | - | bility Status: Eligible | 029526 | | Division/Section: B | | ll No.: 184 | Angenta |
| Instruc | tion Med | lium: | | - | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | | | | |
| Studer | nt's Name | e: YADA | / PRIYANKA | JAGRAM | | | Mother's Name: R | UPA | (| Gender: Female |
| Name | in Verna | cular Langua | age:यादव प्रिय | ांका जाग्रम | | | 1 | | I | |
| | | - | - | | inaka . mumbai | | | | | |
| | ddress: room no B/9, jai maavindhavasni, netaji nagar, sakinaka , mumbai ity: MUMBAI, Taluka: Mumbai, District: Mumbai City, State: Maharashtra, PIN: 400072 | | | | | | | | | |
| | elephone no.: Mobile no: 917303768981 Email : priyankajan52@gmail.com | | | | | | | | | |
| DOB: 、 | ODB: Jan 29, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | us Lates | t Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | | Seat No: 023 | 36239 (Status: Pass) |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Ass | essment) | |
| SN | | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | • | ng IX - Financial Accou | • | | | [h-UA [] | |
| 2 | | 007 | | | ng X - Cost Accounting | | | | [h-UA [] | |
| 3 | | 013 014 | Business Ec | | | | | | [h-UA [] | |
| 4 | | 014 015 | | direct Taxation Par | or II | | | | [h-UA [] [h-CA [] | |
| 6 | | 029 | | Operational Resear | | | | | [h-CA[] | |
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| l reque declare | est permi e that all | statement m | ent myself fo ade in this ap | oplication are true, o | ination. I have remitted complete and correct to bed for the examination | o the best of n | ny knowledge and be | elief. I | Place: Date: | Vidyavihar |
| reques | equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
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| respor | nsibility o | f fulfillment/r | ectification of | | me. The information p e/she is regular studen | | | | | |
| Place: | | | | | | | | | | |
| Date: | ate: College Staff Signature Seal and Signature of Principal/HOD/Chairperson | | | | | | | | | |

| | H | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | http://mum.digitalunive a College of Arts, Scier a for Examination of Su its)-Regular-Rev16-T. ¹ mpetitive Exams, Career Fain rersity.ac/. Activate your 'e-S | ersity.ac/ nce and Comm ummer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' acco | unt on | |
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| Instruc | tion Med | lium: | | <u> </u> | | | Nationality: | India | | · |
| | | | | | Student's Pers | onal Informati | on | | | |
| Studer | nt's Name | e: KASIY / | ANI KUNJAL | SANJAY | | | Mother's Name: R | ANJAN | | Gender: Female |
| Name | in Verna | cular Langua | age:Kasiyani l | kunjal sanjay | | | | | | |
| Addres | ss: Suraj | bali Chawl g | jupta compun | d Dr r.p road Near | r jawahar tokiz sanjay | gandhi nagar | | | | |
| City: M | lumbai, 7 | Гаluka: Mum | bai, District: N | Numbai City, State: | Maharashtra, PIN: 40 | 0080 | | | | |
| Teleph | elephone no.: Mobile no: 919768444777 Email : kunjal09kasiyani@gmail.com | | | | | | | | | |
| DOB: 、 | OB: Jul 09, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | revious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235854 (Status: ATKT) | | | | | | | | | |
| Exam | xam form appearance type: Fresher | | | | | | | | | |
| · · | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | Pape | er Code | ļ | | Paper Name | | | | | AM - AT |
| 1 | | 3001 | | | ng IX - Financial Acco | | | | Th-UA [] | |
| 2 | | 3007 | | | ng X - Cost Accounting | g | | | Th-UA [] | |
| 3 | | 3013 | Business Eco | onomics VI | | | | | Th-UA [] | |
| 4 | | 3014 | Commerce V | | | | | | Th-UA [] | |
| 5 | | 3015 | | direct Taxation Pap | per II | | | | Th-CA[] | |
| 6 | | 8016 | Export Marke | eting Paper II | | | | | Th-CA[] | |
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| | | ller of Exami | | | | | | | Place: | Vidyavihar |
| declare have g | request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby eclare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any | | | | | | | | | |
| other g | ground. I | understand | | | on being found false o | | | | | |
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| | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Cred | tiversity of Mumba http://mum.digitaluniver College of Arts, Scient for Examination of Su its)-Regular-Rev16-T.Y mpetitive Exams, Career Fairs rersity.ac/. Activate your 'e-Su | sity.ac/ ce and Comm mmer Sessio ′. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' account | on | |
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| | PR | N: | Eligi | bility Status: | Examination form 029528 | n No.: | Division/Section: | Roll | No.: | Thuston. |
| 20 | 0170164 | 00847475 | _ | Eligible | | | С | 22 | 22 | period |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | on | | | |
| Studer | nt's Name | e: BHANI | JSHALI KHU | Shboo damji vii | DYABEN | | Mother's Name: VI | DYABEN | 0 | Gender: Female |
| Name | in Verna | cular Langua | age:भान्शाली | खुशबू दामजी विदया | बेन | | · | | | |
| | Address: 301, BHIMNATH BUILDING NO. 7, 3RD FLOOR 90 FEET ROAD, MOHILI VILLAGE NEAR SHETHIYA NAGAR, SAKINAKA | | | | | | | | | |
| | Sity: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400072 | | | | | | | | | |
| - | elephone no.: Mobile no: 919867734475 Email : kinju.bhanu@gmail.com | | | | | | | | | |
| <u> </u> | DOB: Nov 26, 1998 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235631 (Status: Pass) | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which y | ou want to appear (UA | - University A | ssessment,CA - Co | llege Asse | ssment) | |
| SN | Pape | r Code | | | Paper Name | | | | | AM - AT |
| 1 | 83 | 001 | Financial Aco | counting and Auditi | ng IX - Financial Accou | Inting | | Th | I-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | | | Th | i-UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Th | i-UA [] | |
| 4 | 83 | 6014 | Commerce V | /1 | | | | Th | i-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pa | ber II | | | Th | I-CA [] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | Th | I-CA [] | |
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| | | ller of Exam | | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this ap | plication are true, | ination. I have remitted complete and correct to | the best of n | ny knowledge and be | elief. I | Date: | |
| reques | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancer | | ecieu. | | | | | | | St | udent's Signature |
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| respor | nsibility o | f fulfillment/r | ectification of | | r me. The information p e/she is regular student | | | | | |
| Place: | | | | | _ | | | | | |
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| A. | A. | To evolor | a vour parsonaliz | S. K. Somaiya Application Forr B.Com.(with Cree | http://mum.digitalunive http://mum.digitalunive a College of Arts, Scien n for Examination of Su lits)-Regular-Rev16-T. | rsity.ac/ ice and Comm immer Session 7. B.ComSer | erce (540) n 2020 event. n VI [2C00146] | vidha' account | 07 | |
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| | | TO explore | | http://mum.digitaluni | mpetitive Exams, Career Fairs versity.ac/. Activate your 'e-Su | | d login today! | | 011 | |
| | PR | N: | Eligi | bility Status: | Examination forr 029529 | n No.: | Division/Section: | Roll | No.: | Tanmayes |
| 20 | 1701640 | 00847483 | | Eligible | | | С | 23 | 33 | arman |
| Instruc | tion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Studen | nt's Name | e: BHOSA | LE TANMAY | EE SURESH | | | Mother's Name: V | ARIJA | | Gender: Female |
| Name | in Verna | cular Langua | ge:HINDU | | | | | | | |
| | | | | 109 Nehru Nagar k u Nagar kurla east | | 24 Room no. | 6 being buliding no. | 109 Nehru | Nagar kur | la east Mumbai 400024 |
| , | | | bai, District: N | | : Maharashtra, PIN: 40 | 0024 | | | | |
| - | one no.: | | | | ile no: 917715082973 | | I | il : tanvibhc | sale931@ | gmail.com |
| | Jul 22, 19 | | | tegory: Open | | _ <u>_</u> | Handicap: No | | | |
| | | | | m IV(Regular-Rev | 6) | Exam Even | t: Apr-2019 | S | eat No: 02 | 35650 (Status: Pass) |
| | Details: | earance type | | por dotails which w | ou want to appear (UA | | ssossmont CA Co | | sement) | |
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| 1 | - | | Financial Ac | counting and Audit | ing IX - Financial Accou | untina | | Th | -UA [] | , , |
| 2 | 83 | | | • | ing X - Cost Accounting | | | | -UA[] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Th | -UA[] | |
| 4 | 83 | 014 | Commerce V | /I | | | | Th | -UA[] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pa | per II | | | Th | -CA[] | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | Th | -CA[] | |
| Convo | cation Fe | e | | Exam Form Late | Fee | Exam Form | Super Late Fee | E | xamination | Fees |
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| Payme | ent Detail | s: A | mount Rece | ived: | Co | llege Receipt | No. and Date: | | | |
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| declare | e that all | statement m | ade in this ap | oplication are true, | complete and correct to ibed for the examinatio | o the best of m | y knowledge and b | elief. I | Date: | |
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| 20 | PR)170164(| N: 00847595 | , s | ibility Status: Eligible | 029530 | | Division/Section: B | R | oll No.: 135 | star |
| Instruc | tion Med | lium: | | | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | , | | | |
| Studen | nt's Name | e: DOSH | I JAI JINESH | | | | Mother's Name: SI | HEETAL | | Gender: Male |
| Name i | in Verna | cular Langua | age:JAI | | | | | | | |
| Addres | ddress: C/605, Kukreja Palace, Vallabh Baug Lane, Ghatkopar (E) | | | | | | | | | |
| City: M | lumbai, T | aluka: Kurla | a, District: Mu | mbai Suburban, Sta | ate: Maharashtra, PIN: | 400075 | | | | |
| Teleph | elephone no.: 25060124 Mobile no: 919029821469 Email : jaidoshi1999@gmail.com | | | | | | | | | |
| | OB: May 08, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | evious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235718 (Status: Pass) | | | | | | | | | |
| Exam f | xam form appearance type: Fresher | | | | | | | | | |
| Paper | aper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | | | | | | | | | | |
| 1 | | | | | | | | | | |
| 2 | | 007 | | | ng X - Cost Accounting | g | | | Th-UA [] | |
| 3 | | 013 | Business Eco | | | | | | Th-UA [] | |
| 4 | | 014 | Commerce V | | | | | | Th-UA [] | |
| 5 | | 015 | | ndirect Taxation Pap | | | | | Th-CA [] | |
| 6 | | 029 | Elements of | Operational Resear | • | | | | Th-CA [] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatio | on Fees |
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| Pavme | ent Detail | s: | Amount Recei | ived: | Co | llege Receipt | No. and Date: | | | |
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| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| l reque declare | est permis e that all | statement m | sent myself fo nade in this ap | pplication are true, c | ination. I have remitted complete and correct to bed for the examination | o the best of m | ny knowledge and be | elief. I | Place Date: | - |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not aquest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. Student's Signature | | | | | | | | | |
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| This fo respon | orm is car sibility o | refully scrutin f fulfillment/r | nized by the C rectification of | College staff and by | me. The information p e/she is regular studen | | | | | ge. I also undertake the idance and practical |
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| | Y | | | S. K. Somaiya Application Form | versity of Mumba http://mum.digitalunivers College of Arts, Science for Examination of Sur ts)-Regular-Rev16-T.Y | sity.ac/ ce and Comm mmer Sessio | nerce (540) n 2020 event. | | | |
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| 20 | PR | N: 00847606 | J J | bility Status: Eligible | Examination form 029531 | | Division/Section: F | Roll N 609 | | C. Dimp: |
| | tion Med | | | g | | | Nationality: | India | | |
| monuo | | | | | Student's Perso | onal Informati | , | india | | |
| Studen | it's Name | e: CHAUI | OHARY DIMF | AL DEVJIBHAI | | | Mother's Name: JA | SUBEN | C | Gender: Female |
| Name | in Verna | cular Langua | age:ચૌધરી ડિ | મ્પલ દેવજીભાઈ | | | | | | |
| | | | | | hane,jakegram thane, | maharaahtra | | | | |
| | | - | | | | 111011010511110 | | | | |
| - | ity: thane, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400606 elephone no.: Mobile no: 918976797313 Email : dimpalchaudhary1505@gmail.com | | | | | | | | | |
| · · | DOB: May 15, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235664 (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 | Pape | r Code | | | Paper Name | | | | , | AM - AT |
| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Accou | nting | | Th- | -UA[] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | | | Th- | -UA [] | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | Th- | -UA [] | |
| 4 | 83 | 014 | Commerce \ | /I | | | | Th- | -UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | Th- | -CA[] | |
| 6 | 83 | 023 | Investment A | analysis and Portfol | io Management Paper | 11 | | Th- | -CA[] | |
| | cation Fe | | | Exam Form Late F | ee | Exam Form | Super Late Fee | Ex | kamination | Fees |
| Mark S | statemen | t Fee | | Total: | | | | | | |
| Payme | ent Detai | s: / | Amount Rece | ived: | Coll | lege Receipt | No. and Date: | | | |
| DD No | | | | MICR No: | | DD Date: | | Ba | nk: | |
| Center | Prefere | nce (Code/N | ame): | I | 1 | | | I | | |
| Venue | Preferer | nce (Code/N | ame): | | | | | | | |
| To, Th | e Contro | ller of Exam | nation, | | | | | | Place: | Vidyavihar |
| declare | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitted complete and correct to bed for the examination | the best of n | ny knowledge and be | elief. I | Date: | |
| reques other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | |
| cancei | ied or rej | ected. | | | | | | | Stu | udent's Signature |
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| respon | sibility o | f fulfillment/r | ectification of | | me. The information po e/she is regular student | | | | | |
| Place: | | | | | | | | | | |
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| | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.Y mpetitive Exams, Career Fairs | r <u>sity.ac/</u> ce and Comn mmer Sessio /. B.ComSei | nerce (540) n 2020 event. n VI [2C00146] | ridha' accou | nt on | |
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| | PR | | - | http://mum.digitaluniv bility Status: | ersity.ac/. Activate your 'e-Su Examination forr | vidha' account an | d login today! Division/Section: | — | oll No.: | 0 |
| 20 | | 00847645 | Engi | Eligible | 029532 | | C | | 246 | · Buran . |
| Instruc | ction Med | lium: | | ļ | | | Nationality: | India | | |
| | | | | | Student's Pers | onal Informati | on | | | |
| Studer | nt's Name | e: CHAVA | N SHRADDI | HA RAJESH | | | Mother's Name: K | Ανίτα | | Gender: Female |
| Name | in Verna | cular Langua | age:मराठी | | | | | | | |
| Addres | ss [.] Balsn | nruti buldina | room no 03 a | avre gaon vijav nag | ar Dombivli Fast | | | | | |
| | ddress: Balsmruti bulding room no. 03 ayre gaon vijay nagar Dombivli East ity: Dombivli, Taluka: Kalyan, District: Thane, State: Maharashtra, PIN: 421201 | | | | | | | | | |
| | elephone no.: Mobile no: 919702010456 Email : chavanshraddha365@gmail.com | | | | | | | | | |
| | ODB: Jan 27, 2000 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235675 (Status: ATKT) | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | Assessment,CA - Co | llege Ass | sessment) | |
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| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Accou | unting | | ٦ | [h-UA [] | |
| 2 | 83 | 007 | Financial Ac | counting and Auditi | ng X - Cost Accounting | J | | ٦ | [h-UA [] | |
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| 4 | 83 | 014 | Commerce \ | /1 | | | | ٦ | [h-UA [] | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | oer II | | | ٦ | Гh-CA [] | |
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| 6 | | Το εχρίοι | e vour personaliz | S. K. Somaiya Application Form B.Com.(with Cred | tiversity of Mumba http://mum.digitalunivers College of Arts, Science for Examination of Sur its)-Regular-Rev16-T.Y. mpetitive Exams, Career Fairs | itv.ac/ e and Comm nmer Session B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' account o | n | |
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| Instructio | on Mediu | ım: | | | | | Nationality: | India | | |
| | | | | | Student's Perso | nal Informati | on | | | |
| | s Name: | | DIVYA DINE | | | | Mother's Name: N | EETA | 0 | Gender: Female |
| Name in | Vernacu | ular Langua | age:ગોઢિલ દિ | ગ્યા દિને શ | | | | | | |
| Address | : Room r | no. 5 Ram | wadi devi day | al road mulund (W | EST) | | | | | |
| City: MU | ILUND, T | Faluka: Kur | la, District: M | umbai Suburban, S | State: Maharashtra, PIN | 400080 | | | | |
| Telepho | ne no.: | | | Mob | ile no: 918689874358 | | Emai | l : gohild07@ | @gmail.co | m |
| DOB: Oo | ct 23, 199 | 99 | Ca | tegory: Open | | Physically | Handicap: No | | | |
| Previous | s Latest E | Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | Se | at No: 023 | 35753 (Status: Pass) |
| Exam for | Exam form appearance type: Fresher | | | | | | | | | |
| • | Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) | | | | | | | | | |
| SN | Paper | | | | Paper Name | | | | | AM - AT |
| | 1 83001 Financial Accounting and Auditing IX - Financial Accounting Th-UA [] | | | | | | | | | |
| 2 | 830 | | | | ng X - Cost Accounting | | | | UA [] | |
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| | | er of Exami | | | | | | | Place: | Vidyavihar |
| declare t | that all st | tatement m | ade in this ap | plication are true, | ination. I have remitted complete and correct to bed for the examination | the best of m | ny knowledge and be | elief. I | Date: | |
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| cancelle | u or reje | cieu. | | | | | | | St | udent's Signature |
| Declarat | tion by P | rincipal/HO | D/Chairperso | on | | | | | | |
| responsi | ibility of f | fulfillment/r | ectification of | | r me. The information pr e/she is regular student | | | | | |
| Place: | | | | | | | | | | |
| Date: | tte: College Staff Signature Principal/HOD/Chairperson | | | | | | | | | |

| | Y | University of Mumbai, Mumbai Intro://mum.digitaluniversity.ac/ S. K. Somaiya College of Arts, Science and Commerce (540) Intro://mum.digitaluniversity.ac/ Application Form for Examination of Summer Session 2020 event. Intro://mum.digitaluniversity.ac/ B.Com.(with Credits)-Regular-Rev16-T.Y. B.ComSem VI [2C00146] Intro://mum.digitaluniversity.ac/ | | | | | | | | | | | |
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| 20 | PR | N: 00847676 | Ĭ | bility Status: Eligible | Examination for 029534 | m No.: | Division/Section: | | ll No.: 613 | Bhavik | | | |
| | tion Med | | | Ligibio | | | Nationality: | India | | | | | |
| monuci | | ium. | <u> </u> | | Student's Pers | sonal Informati | , | mula | | | | | |
| Studen | t's Name | | BHAVIK JET | HALAL | Gludent's r etc | | Mother's Name: U | SHABEN | | Gender: Male | | | |
| | | | | | | | | | | | | | |
| Name in Vernacular Language:दामा भाविक जेठालाल Address: a7,saket society subhash nagar ,asalpha ghatkopar(w),mumbai | | | | | | | | | | | | | |
| | | | | | · · / | . 100081 | | | | | | | |
| | City: mumbai, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400084 Felephone no.: 5152008 Mobile no: 918080313424 Email : bhavikdama935@gmail.com | | | | | | | | | | | | |
| 1- | DOB: Jun 19, 2000 Category: Open Physically Handicap: No | | | | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236264 (Status: ATKT) | | | | | | | | | | | | |
| | 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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| 1 | 83 | 001 | Financial Ac | counting and Auditin | ng IX - Financial Acco | ounting | | ٦ | [h-UA [] | | | | |
| 2 | 83 | 007 | Financial Ac | counting and Auditin | ng X - Cost Accountin | g | | ٦ | [h-UA [] | | | | |
| 3 | 83 | 013 | Business Ec | onomics VI | | | | ٦ | [h-UA [] | | | | |
| 4 | 83 | 014 | Commerce V | 4 | | | | ٦ | [h-UA [] | | | | |
| 5 | 83 | 015 | Direct and In | direct Taxation Pap | er II | | | ٦ | [h-CA [] | | | | |
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| Convoo | cation Fe | e | | Exam Form Late F | ee | Exam Form | Super Late Fee | | Examinatio | n Fees | | | |
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| To, The | e Contro | ller of Exam | nation, | | | | | | Place | Vidyavihar | | | |
| declare | that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct to ped for the examination | to the best of m | ny knowledge and be | elief. I | Date: | | | | |
| request other g | ave gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not equest for any special concession such as change in time or day fixed for university Examination etc. on religious or any ther ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be ancelled or rejected. | | | | | | | | | | | | |
| cancei | eu or rej | ecleu. | | | | | | | s | student's Signature | | | |
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| respon | sibility o | f fulfillment/r | ectification of | | me. The information /she is regular studer | | | | | e. I also undertake the lance and practical | | | |
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| - | P. | Το εχρίο | re your personaliz | S. K. Somaiya Application Form B.Com.(with Cred | tiversity of Mumba http://mum.digitaluniver College of Arts, Scient for Examination of Su its)-Regular-Rev16-T.Y mpetitive Exams, Career Fairs ersity.ac/. Activate your 'e-Su | sity.ac/ ce and Comm mmer Session . B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | vidha' account | : on | Carlo Carlo |
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| | PR | | | bility Status: | Examination form | | Division/Section: | Roll | No.: | ata |
| 20 | | 00847703 | Ů | Eligible | 029535 | | C | _ | 00 | D.5- Gurta |
| Instruc | ction Med | lium: | | - | | | Nationality: | India | | |
| | | | | | Student's Perso | onal Informati | on | | | |
| Stude | nt's Name | e: GUPT/ | DURGESH | JAIRAM | | | Mother's Name: M | AYADEVI | (| Gender: Male |
| Name | in Verna | cular Langua | age:गुप्ता दुर्गेश | १ जयराम | | | | | | |
| | idress: NEAR RTO OFFICE 39/5/10 NETAJI SUBHASH NAGAR, OLD RAMABAI SAHAKAR NAGAR, | | | | | | | | | |
| | | | | | tate: Maharashtra, PIN | | - 1 | | | |
| | none no.: | | | | ile no: 919594226505 | | Emai | il : dgj9594 | 1226505@g | mail.com |
| DOB: | DOB: Oct 12, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previo | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235772 (Status: Pass) | | | | | | | | | |
| Exam | Exam form appearance type: Fresher | | | | | | | | | |
| Paper | Details: | Plea | ase select Pa | per details which yo | ou want to appear (UA | - University A | ssessment,CA - Co | llege Asse | essment) | |
| SN | | r Code | | | Paper Name | | | | | AM - AT |
| 1 | | 001 | | | ng IX - Financial Accou | - | | | n-UA [] | |
| 2 | | 007 | | - | ng X - Cost Accounting | | | | n-UA [] | |
| 3 | | 013 | Business Eco | | | | | | n-UA [] | |
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| declar | e that all | statement m | ade in this ap | plication are true, o | ination. I have remitted complete and correct to had for the exemination | the best of m | ny knowledge and be | elief. I | Date: | |
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| <u> </u> | | D · · · · · · · · · · · · · · · · · · · | | | | | | | St | udent's Signature |
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| -0 | P. | | | S. K. Somaiya Application Form B.Com.(with Cred | http://mum.digitalunive College of Arts, Scien for Examination of Suits)-Regular-Rev16-T. | ersity.ac/ nce and Comm ummer Session Y. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | | | |
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| 21 | PR | N: 00847726 | Ĭ | bility Status: Eligible | Examination for 029536 | | Division/Section: D | | ll No.: 339 | Altrador |
| | | | | Liigible | | | | | | |
| Instruc | ction Med | ium: | <u> </u> | | Student's Dorr | sonal Informati | Nationality: | India | | |
| Stude | nt's Name | | R AMISHA A | SHOK | Student's Pers | sonal mornau | Mother's Name: A | SHIW/INII | | Gender: Female |
| | Name in Vernacular Language:जामदार अमिषा अशोक | | | | | | | | | |
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| | | | | | ANYA NAGAR BHAN | . , | 1/8 | | | |
| , | ity: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400078 | | | | | | | | | |
| | elephone no.: Mobile no: 919076129059 Email : AMISHAJAMDAR6@GMAIL.COM | | | | | | | | | |
| | DOB: Jun 28, 2000 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235827 (Status: Pass) | | | | | | | | | |
| | Exam Event: Apr-2019 Seat No: 0235827 (Status: Pass) | | | | | | | | | |
| | 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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| To, Th | e Contro | ller of Exami | nation, | | | | | | Place: | Vidyavihar |
| declar | e that all | statement m | ade in this ap | oplication are true, o | ination. I have remitte complete and correct t | to the best of m | ny knowledge and be | elief. I | Date: | |
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| | | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi | versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.Y npetitive Exams, Career Fairs arsity.ac/. Activate your 'e-Su | <u>sity.ac/</u> ce and Comm mmer Sessio ⁄. B.ComSer | nerce (540) n 2020 event. n VI [2C00146] | ridha' accou | int on | |
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| 20 | 170164 | 00847734 | | Eligible | | | D | | 457 | S. gogh |
| Instruct | tion Med | ium: | | | | | Nationality: | India | | |
| | | | | | Student's Perse | onal Informati | on | | | |
| Studen | t's Name | : SINGH | SHARDA KA | ALU SINGH | | | Mother's Name: S | EETA | | Gender: Female |
| Name i | in Verna | cular Langua | age:सिंग शार | दा कळू सिंग | | | | | | |
| Addres | Address: BR NAGAR NILESH MATRE CHAWL DIVA EAST | | | | | | | | | |
| City: M | City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400612 | | | | | | | | | |
| Teleph | Felephone no.: Mobile no: 919769814101 Email : SHARDASINGH15@GMAIL.COM | | | | | | | | | |
| DOB: A | OB: Aug 28, 1999 Category: Open Physically Handicap: No | | | | | | | | | |
| Previou | us Lates | : Examinatio | n Details: Se | m IV(Regular-Rev1 | 6) | Exam Even | t: Apr-2019 | | Seat No: 02 | 236166 (Status: Pass) |
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| | ame in Vernacular Language:सोळंकी सेजल नरेंद्र | | | | | | | | | |
| | ddress: RAVI KIRAN SOC, MN ROAD, BAIL BAZAR, KURLA WEST | | | | | | | | | |
| , | ity: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070 elephone no.: Mobile no: 919594538362 Email : sejalsolanki169@gmail.com | | | | | | | | | |
| | none no.: | 2000 | Col | | le no: 919594538362 | | | ii : sejaiso | bianki ro9@g | jmail.com |
| | DOB: May 26, 2000 Category: Open Physically Handicap: No Devision Latest Examination Datails: Sam IV(Pagular Boy16) Exam Event: Apr 2010 Seet No: 0226170 (Status: Dasa) | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236170 (Status: Pass) Exam form appearance type: Fresher | | | | | | | | | |
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| 1 | . 83 | 001 | Financial Ac | counting and Auditir | ng IX - Financial Acco | ounting | | - | Гh-UА [] | |
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| Instruction Medium: Nationality: India | | | | | | | | | | • | | | |
| | | | | | Student's Pers | sonal Informati | on | | | | | | |
| Student's Name: GUPTA ROSHNI RAJESH Mother's Name: POONAM Gender: Female | | | | | | | | | | Gender: Female | | | |
| Name i | in Verna | cular Langua | age:ROSHNI | | | | | | | | | | |
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| City: M | UMBAI, | Taluka: Kurl | a, District: Mu | umbai Suburban, St | tate: Maharashtra, PIN | N: 400076 | | | | | | | |
| | ione no.: | | | | ile no: 918286300256 | | | I:rosh.c | uteangel@g | gmail.com | | | |
| - | Feb 02, 2 | | | tegory: Open | | | Handicap: No | | 1 | | | | |
| Previou | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235776 (Status: Pass) | | | | | | | | | 235776 (Status: Pass) | | | |
| | 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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| l reque declare have g reques other g | To, The Controller of Examination, request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. | | | | | | | | | | | | |
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| 2 | PR | N:)0847823 | Elig | ibility Status: Eligible | Examination for 029540 | | Division/Section: A | _ | No.: 1 | (A. Ambokar | | |
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| | Student's Name: AMBOKAR GAURI ARVIND Mother's Name: VAISHANAVI Gender: Female Name in Vernacular Language:आंबोकर गौरी अरविंद | | | | | | | | | | | |
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| | | , Taluka: Kal | yan, District: | , State: Maharasht | | | I | | | | | |
| | hone no.: | | | | le no: 917738849314 | | | l : gauri.ar | nbokar.56@ |)gmail.com | | |
| DOB: Oct 20, 1999 Category: Open Physically Handicap: No | | | | | | | | | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236248 (Status: Pass) | | | | | | | | | | | |
| | Exam form appearance type: Fresher | | | | | | | | | | | |
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| and | H | To explo | re your personaliz | S. K. Somaiya Application Form B.Com.(with Credi zed Job Opportunities, Cor | versity of Mumba http://mum.digitaluniver College of Arts, Scien for Examination of Su ts)-Regular-Rev16-T.Y mpetitive Exams, Career Fairs | sity.ac/ ce and Comm mmer Sessio /. B.ComSer etc., click on 'EAS | nerce (540) n 2020 event. n VI [2C00146] SY link in your 'e-Suy | ridha' account | on | ? | | |
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| Stude | nt's Name | e: JAIN M | IANN HITES | н | | | Mother's Name: G | EETA | (| Gender: Male | | |
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| | | | | ane, State: Mahara | NE WEST NEAR, ABH | ISHEK HEIG | 115 | | | | | |
| - | none no.: | | e, District. Ti | | le no: 919969341479 | | Emai | il : mann iir | nx@gmail.c | nom | | |
| | Sep 08, 1 | 000 | Ca | tegory: Open | 10. 919909541479 | Physically | Handicap: No | n . mann.jn | ix@yinaii.c | John | | |
| | | | | • • • | 6) | _ <u></u> | • | s | Seat No: 02 | 35810 (Status: Pass) | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235810 (Status: Pass) Exam form appearance type: Fresher | | | | | | | | | | | |
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| 4 | 83 | 014 Commerce VI Th-UA [] | | | | | | | n-UA [] | | | |
| 5 | 83 | 015 | Direct and Ir | ndirect Taxation Pap | er II | | | Th | n-CA[] | | | |
| 6 | 83 | 016 | Export Mark | eting Paper II | | | Th | n-CA[] | | | | |
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| 2(| PR 0170164 | N: 00847846 | Ĭ | bility Status: | Examination for 029542 | m No.: | Division/Section: | | oll No.: 323 | Annem. | | | | |
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| | | | | | : Maharashtra, PIN: 4 | | | | | | | | | |
| | none no.: | | indan, Diotrica | | le no: 919739107702 | | Ema | il : PATE | LSONAM87 | 3@GMAIL.COM | | | | |
| | Oct 22, 1 | 999 | Cat | tegory: Open | | Physically | Handicap: No | | | | | | | |
| | | | | 8 , 1 | 6) | Exam Even | • | | Seat No: 02 | 35605 (Status: ATKT) | | | | |
| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235605 (Status: ATKT) Exam form appearance type: Fresher | | | | | | | | | | | | | |
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| 1 | 83 | 001 | Financial Ac | counting and Auditi | ng IX - Financial Acco | ounting | | ٦ | Th-UA[] | | | | | |
| 2 | 83 | Binancial Accounting and Auditing X - Cost Accounting Th-UA[] | | | | | | | | | | | | |
| 3 | 83 | 83013 Business Economics VI | | | | | | | Th-UA [] | | | | | |
| 4 | 83 | 3014 Commerce VI Th-UA [| | | | | | | Th-UA [] | | | | | |
| 5 | 83 | 015 | | direct Taxation Pap | er II | | | 1 | Th-CA [] | | | | | |
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| instruc | tion Med | ium. | | | Student's Por | sonal Informati | Nationality: | India | | | |
| Studer | nt's Name | - SHUKI | A ADARSH I | RISHIKANT | Student's Pers | | Mother's Name: SI | ΙΝΙΤΑ | | Gender: Male | |
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| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0236156 (Status: Pass) Exam form appearance type: Fresher | | | | | | | | | | |
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| 4 | 83 | 014 | Commerce V | /1 | | | - | Th-UA [] | | | |
| 5 | 83 | 015 | Direct and In | direct Taxation Par | per II | | | - | Th-CA[] | | |
| 6 | 83 | 016 | Export Marke | eting Paper II | | | | | | | |
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| Studer | nt's Name | e: ANANI | KANDHAN | | | | Mother's Name: Th | HILLAIMN | /AL 0 | Gender: Male | | | |
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| | none no.: | | , | | le no: 919594090664 | | Emai | il : ANANI | DKONAR73 | @GMAIL.COM | | | |
| DOB: | Aug 04, ⁻ | 999 | Ca | tegory: Open | | Physically | Handicap: No | | | - | | | |
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| | Student's Name: KAKADE SHRUTI CHANDRAKANT Mother's Name: REKHA Gender: Female Name in Vernacular Language:काकडे श्रुती चंद्रकांत | | | | | | | | | | |
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| | Student's Name: PARMAR JASH SANJAY Mother's Name: SHRADDHABEN Gender: Male | | | | | | | | | | | | |
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| , | | | bai, District: I | | Maharashtra, PIN: 40 | 0077 | | | | | | | |
| | none no.: | | | | ile no: 919869154148 | | | il : rajeshdv | vaishnav@ | gmail.com | | | |
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| | Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0235978 (Status: Pass) | | | | | | | | | | | | |
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