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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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'e-Suvidha' account on



Principal/HOD/Chairperson

Examination form No.: PRN: Eligibility Status: Division/Section: Roll No.: 080658 42 2015016401993441 Eligible Instruction Medium: Nationality: India Student's Personal Information **SAYYAD SHANNO SULTAN** Mother's Name: BILKISH Student's Name: Gender: Female Name in Vernacular Language:सय्यद शन्नो सुलतान Address: PLOT NO.06/B/5, ROAD NO.08 BAIGANWADI GOVANDI, SHIVAJI NAGAR, MUMBAI-400043 City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400043 Mobile no: 917506761976 Telephone no.: Email: saniyasayyad52@gmail.com DOB: Jan 20, 1998 Category: Open Physically Handicap: No Previous Latest Examination Details: F.Y.B.Com. (F.M.) Sem - I(Regular-C7525) Exam Event: Mar-2016 Seat No: 2015016401993441 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) Paper Code AM - AT Paper Name 85401 Risk Management Th-UA[];Th-CA[] 2 85403 Mutual Fund Management Th-UA[];Th-CA[] 3 85404 Organisational Behaviour Th-UA [] ;Th-CA [] 85405 Strategic Corporate Finance Th-UA [1:Th-CA [1 5 85407 Corporate Restructuring Th-UA[];Th-CA[] 6 **UFMFSVI.8** Project Work II Pw-UA[];Pw-CA[] Exam Form Late Fee Convocation Fee Exam Form Super Late Fee **Examination Fees** Mark Statement Fee Total: Amount Received: College Receipt No. and Date: Payment Details: DD No: MICR No: DD Date: Bank: Center Preference (Code/Name): Venue Preference (Code/Name): To, The Controller of Examination, Place: Vidyavihar I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby Date: declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other 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 Declaration by Principal/HOD/Chairperson This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules. Place: Date: College Staff Signature Seal and Signature of



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Instru	ıction Medium:	•				Nationality:	India	•		
				Student's Person	onal Informati	on				
Stude	ent's Name: MARU	MAITRI YOG	ESH			Mother's Name: D	EEPA	Gender: Female		
Nam	e in Vernacular Langua	ge:मारू मैत्री	योगेश							
Addr	ess: 19/4 NILKANTH A	SHISH CHS,	NEAR MADHUBA	AN POOJA TALKIES UP	RESEKAR W	ADI				
City:	DOMBIVALI, Taluka: K	alyan, Distric	t: Thane, State: M	aharashtra, PIN: 42120	1					
Telep	phone no.: 2861062		Mob	ile no: 918879086385		Ema	il : marumaitr	99@gmail.com		
	: Oct 25, 1997		egory: Open		Physically	Handicap: No				
Previ	ous Latest Examination	n Details: F.Y	.B.Com. (F.M.) Se	m - I(Regular-C7525)	Exam Even	t: Mar-2016	Sea Pas	t No: 2015016401993464 s)	4 (Status:	
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1	-	Risk Manage						A [];Th-CA []		
2 85403 Mutual Fund Management								A [] ;Th-CA []		
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4		Strategic Corporate Finance Th-UA [];Th-CA []								
5		Corporate Re						A [];Th-CA []		
								JA [];Pw-CA []		
Convocation Fee Exam Form Late Fee					Exam Form	Super Late Fee	Exa	mination Fees		
Mark	Statement Fee		Total:							
Payn	nent Details:	mount Recei	ved:	Col	lege Receipt	No. and Date:				
DD N	lo:		MICR No:	•				Bank:		
Cent	er Preference (Code/Na	ame):		,			·			
Venu	e Preference (Code/Na	ame):								
To, T	he Controller of Exami	nation,						Place: Vidyavihar		
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Decla	aration by Principal/HO	D/Chairperso	'n							
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Mark Statement Fee		Total:		
Payment Details: Amount Rece		ved:	College Receipt No. and Date:	
DD No:		MICR No:	DD Date:	Bank:

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar** Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

	PRN:	Eligi	ibility Status:	Examination forn 080661	n No.:	Division/Section:	Roll No.	.:	
2	2017016400839077		Eligible		III	Α	20		Que !
Instru	uction Medium:					Nationality:	India		
				Student's Perso	onal Informati	on			
Stude	ent's Name: AVI BHL	UPENDRA J	AIN			Mother's Name: SE	EEMA	(Gender: Male
Name	e in Vernacular Langua	ge:avi							
	ess: 2002, Silver Height								
City:	Mumbai, Taluka: Mumb	oai, District: N	Mumbai City, State	: Maharashtra, PIN: 400	0080				
Teler	phone no.: 256744462		Mob	oile no: 919833406424		Emai	il : avibjain@g	mail.cor	n
DOB	: May 08, 2000	Cat	tegory: Open		, ' ' '	Handicap: No			
Previ	ious Latest Examination	າ Details: Ser	m IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Seat	t No: 059	90615 (Status: Pass)
Exam	xam form appearance type: Fresher								
Pape	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	85401 F	Risk Manage	ement					A [] ;Th-	
2		Mutual Fund	l Management				Th-UA	A [] ;Th-	CA[]
3	85404	Organisational Behaviour Th-UA [];Th-CA []							
4		Strategic Co	trategic Corporate Finance Th-UA [];Th-CA []						
5 85407 Corporate Restructuring								A [] ;Th-	
6	UFMFSVI.8	Project Work					Pw-U	A[];Pw	/-CA[]
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This respo	form is carefully scrutini onsibility of fulfillment/re se/term work (if any) acc	nized by the C ectification of	College staff and by f the information. H						
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Date:									



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PRN: Eligibility Status:			Examination f		Division/Section:	Roll No).;		
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Stud	ent's Name: NAGD	A MAITRI JITI	ESH	Oludonio	2150Hal Imolina	Mother's Name: PF	 RAVINA		Gender: Female
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	MUMBAI, Taluka: Kurl				 DINI: 400075				
	phone no.:	Id, District. Ivio		oile no: 91992042965		Emai	il : maitrinagda	 a99@an	nail com
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	ious Latest Examinatio		<u> </u>	16)	Exam Even		Sea	t No: 059	90626 (Status: Pass)
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SN	Paper Code			Paper Nar					AM - AT
1	85401	Risk Manage	ement				Th-U	A [] ;Th-	-CA[]
2	85403	Mutual Fund	Management				Th-U	A [] ;Th-	-CA[]
3 85404 Organisational Behaviour Th-UA[];							A [] ;Th-	-CA[]	
4 85405 Strategic Corporate Finance Th-UA [];Th							Ā[];Th-	-CA []	
5 85407 Corporate Restructuring Th-UA [];Th-CA []								-CA []	
6 UFMFSVI.8 Project Work II Pw-UA [];Pw-CA []							v-CA []		
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	ue Preference (Code/N								
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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

	PRN:	Eligibility Statu	ıs:	Examination form 080663	n No.:	Division/Section:	Roll No).:	(Makhani
1	2017016400839224	Eligible				Α	26		Walter
Instru	uction Medium:	-				Nationality:	India		
				Student's Person	onal Informati	ion			
Stude	ent's Name: LAKHAN	NI NEETI NILESH				Mother's Name: K	INA	C	Gender: Female
Name	e in Vernacular Languaç	ge:નીતિ નિલેશ લાખની							
Addr	ess: A/704,CREATIVE T	TOWER, OPPOSITE S	SANSKA	R DHAM KALYAN WES	ST.				
	KALYAN, Taluka: Kalya	ın, District: Thane, Sta	te: Maha	rashtra, PIN: 421301					
	phone no.: 2327699		Mobi	ile no: 918898611596			il : neeti1999.ı	nl@gmai	l.com
	3: Nov 09, 1999	Category: Op			Physically	/ Handicap: No			
	ious Latest Examination		ılar-Rev1	6)	Exam Even	nt: Apr-2019	Sea	t No: 059	90622 (Status: Pass)
Exan	n form appearance type:	: Fresher							
Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assess							llege Assessn	nent)	
SN	Paper Code			Paper Name					AM - AT
1	85401 F	Risk Management					Th-U	A [] ;Th-0	CA[]
2	85403 N	Mutual Fund Managem	ıent				Th-U	A [] ;Th-0	CA[]
3	85404 C	Organisational Behavio	our				Th-U	A [] ;Th-0	CA[]
4	85405 S	Strategic Corporate Fir	ategic Corporate Finance Th-UA						CA[]
5 85407 Corporate Restructuring TI							Th-U	A [] ;Th-0	CA[]
6 UFMFSVI.8 Project Work II Pw-UA							JA [];Pw-	-CA[]	
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	The Controller of Examin	•						Place:	Vidyavihar
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University of Mumbai, Mumbai

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Seal and Signature of Principal/HOD/Chairperson

PRN:	Eligi	bility Status:	Examination form 080664	n No.:	Division/Section:	Roll No.:		661	
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uction Medium:					Nationality:	India			
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ess: NOOR-E-JEHAN 2	2,D WING R	OOM NO.303, 3RI	FLOOR 927 THAKUR	RAGHU RA	J SINGH MARGH				
MUMBAI, Taluka: Kurla	a, District: Mu	umbai Suburban, S	tate: Maharashtra, PIN:	400070					
phone no.: 26542273		Mob	ile no: 919969106665		Email	: AFEEFAHSI	URVE@	GMAIL.COM	
: Nov 25, 1999	Cat	tegory: Open		Physically	Handicap: No				
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Paper Code			Paper Name					AM - AT	
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85403 Mutual Fund Management Th-UA [];Th-CA []									
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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.									
ce:									
	cuction Medium: ent's Name: SURVE e in Vernacular Langua ess: NOOR-E-JEHAN 2 MUMBAI, Taluka: Kurla chone no.: 26542273 : Nov 25, 1999 ious Latest Examination in form appearance type or Details: Plea Paper Code 85401 85403 85404 85405 85407 UFMFSVI.8 //ocation Fee	ent's Name: SURVE AFEEFAH I e in Vernacular Language:सुर्वे अफीप ess: NOOR-E-JEHAN 2,D WING R MUMBAI, Taluka: Kurla, District: Mo chone no.: 26542273 : Nov 25, 1999	Provisional Prov	PRN: Eligibility Status: 080664 2017016400839232 Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Ultiminimical Provisional Provisional Ultiminimical Ultiminimi	2017016400839232 Provisional Student's Personal Information Ent's Name: SURVE AFEEFAH MOHD HANIF e in Vernacular Language:सुर्वे अभिपाह मोहद हनीफ ess: NOOR-E-JEHAN 2,D WING ROOM NO.303, 3RD FLOOR 927 THAKUR RAGHU RA MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070 shone no.: 26542273 Mobile no: 919969106665 : Nov 25, 1999 Category: Open Physically ious Latest Examination Details: Sem IV(Regular-Rev16) Exam Even in form appearance type: Fresher in Details: Please select Paper details which you want to appear (UA - University // Paper Code Paper Name 85401 Risk Management 85403 Mutual Fund Management 85404 Organisational Behaviour 85405 Strategic Corporate Finance 85407 Corporate Restructuring UFMFSVI.8 Project Work II rocation Fee Exam Form Late Fee Exam Form Statement Fee Total: In Preference (Code/Name): Ite Preference (Code/Name): Ite Preference (Code/Name): Ite Preference (Code/Name): Ite Preference (Code/Name): Ite Preference (Code/Name): Ite Preference (Code/Name): Ite Project Work II organisation on the information for which I are that all statement made in this application are true, complete and correct to the best of no gone through the syllabus and the list of books prescribed for the examination for which I are that all statement made in this application are true, complete and correct to the best of no gone through the syllabus and the list of books prescribed for the examination for which I are that all statement made in this application are true, complete and correct to the best of no gone through the syllabus and the list of books prescribed for the examination for which I are that all statement made in this application are true, complete and correct to the best of no gone through the syllabus and the list of books prescribed for the examination for which I are that of the syllabus and the list of books prescribed for the examination for which I are that of the syllabus and the list of books prescribed for the examination of the information being found false or in	PRIN: Eligibility Status: 080664 A Auction Medium: Nationality: Student's Personal Information ent's Name: SURVE AFEEFAH MOHD HANIF Mother's Name: RA e in Vernacular Language: सुर्वे अप्तेषकांत्र मोहद इनीफ ess: NOOR-E-JEHAN 2,D WING ROM NO.303, 3RD FLOOR 927 THAKUR RAGHU RAJ SINGH MARGH MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070 obnone no: 26542273 Mobile no: 919969106665 Email et Nov 25, 1999 Category: Open Physically Handicap: No ious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 in form appearance type: Fresher or Details: Please select Paper details which you want to appear (UA - University Assessment, CA - Colle Paper Code Paper Name 85401 Risk Management 85403 Mutual Fund Management 85404 Organisational Behaviour 85405 Strategic Corporate Finance 85407 Corporate Restructuring UFMFSVI.8 Project Work II rocation Fee Exam Form Late Fee Exam Form Super Late Fee Statement Fee Total: Intent Details: Amount Received: College Receipt No. and Date: Id: MICR No: DD Date: er Preference (Code/Name): the Controller of Examination, the Statement made in this application are true, complete and correct to the best of my knowledge and bel gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shaft is the total statement made in this application are true, complete and correct to the best of my knowledge and bel gone through the syllabus and the list of books prescribed for the examination for which I am appearing I shaft is the story any special concession such as change in time or day fixed for university Examination et. on religious or ground. I understand that in the event of any information being found false or incorrect, my candidature is liable elled or rejected. Branch Details: A mount received by the College staff and by me. The information printed in the form is correct to the best of my knowledge and has completed severem work (if any) according to university Examination. He/she is regular stu	Provisional Division/Section: Roll No. 2017016400839232 Provisional Provisional Division/Section: Roll No. 52 0017016400839232 Provisional Division/Section: Roll No. 52 0017016400839232 Provisional Division/Section: Nationality: India Student's Personal Information But Mationality: India Student's Name: SURVE AFEEFAH MOHD HANIF Mother's Name: RAHMAT But Mather's Name: SURVE AFEEFAH MOHD HANIF Mother's Name: RAHMAT But Mather's Name: RaHMAT But	Provisional Provisional Nationality: India Student's Personal Information Student's Personal Information Mother's Name: RAHMAT Compose the information	



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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	PRN:	Eligibility Status:	Examination form 080665	No.: Div	vision/Section:	Roll N	o.:	to ak	
	2017016400839294	Provisional			Α	22		- Quint	
nstr	uction Medium:			Nat	tionality:	India			
			Student's Persor	nal Information					
Stud	ent's Name: KATAR	IA DIVYA RAJESH		Mo	other's Name: BH	IAMRI	(Gender: Female	
Nam	e in Vernacular Langua	ge:कटारिया दिव्या राजेश							
4ddr 4000		NGEL CHS. TAGORE NAGAR	. VIKHROLI (EAST) KBO	C SYNTHETICS	S, SHOP No.33, F	IRST FLOC	R, VITHE	IALWADI, MUMBAI	
City:	MUMBAI, Taluka: Kurla	a, District: Mumbai Suburban, S	tate: Maharashtra, PIN:	400083					
Tele	ohone no.: 25740899	Mob	ile no: 918828081923		Email	: divyankas	29@gma	il.com	
OOB	: Aug 02, 1999	Category: Open		Physically Har	ndicap: No				
Prev	ious Latest Examination	n Details: Sem IV(Regular-Rev1	6)	Exam Event: Ap	pr-2019	Se	at No: 059	90617 (Status: Pass)	
Exar	n form appearance type	e: Fresher							
Pape	er Details: Plea	se select Paper details which yo	ou want to appear (UA -	University Asse	essment,CA - Coll	ege Assess	sment)		
SN Paper Code Paper Name								AM - AT	
1	85401	Risk Management				Th-l	JA [] ;Th-	CA[]	
2	85403	Mutual Fund Management				Th-l	JA [] ;Th-	CA[]	
3 85404 Organisational Behaviour							Th-UA [] ;Th-CA []		
4	85405	Strategic Corporate Finance				Th-l	h-UA [] ;Th-CA []		
5 85407 Corporate Restructuring Th-UA [];Th-CA []								CA[]	
6	6 UFMFSVI.8 Project Work II Pw-UA [] ;Pw-CA []								
Conv	ocation Fee	Exam Form Late F	Fee I	Exam Form Sup	er Late Fee	Ex	amination	Fees	
Mark	Statement Fee	Total:							
Pavr	nent Details:	mount Received:	Colle	ege Receipt No.	and Date:				
DD N		MICR No:		DD Date:		Bar	nk:		
Cent	er Preference (Code/Na	ame):	l .						
	ie Preference (Code/Na	<u> </u>							
	he Controller of Examin						Place:	Vidyavihar	
req	uest permission to pres	ent myself for the ensuing exam						viayaviila.	
		ade in this application are true,					Date:		
		bus and the list of books prescri session such as change in time of							
othe	ground. I understand t	hat in the event of any informati							
canc	elled or rejected.						St	udent's Signature	
Decl	aration by Principal/HO	D/Chairperson							
esp	nis form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the sponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical purse/term work (if any) according to university rules.								
Place	e:								
			-						
Date	:								
			College Staff Signature			Seal and Signature of Principal/HOD/Chairperson			



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

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B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



	PRN:	Eligi	ibility Status:	Examination for 080666	m No.:	Division/Section	on: Ro	oll No.:	Hares
	2017016400839383		Eligible			Α		49	
Instr	uction Medium:		-			Nationality:	India		
				Student's Per	sonal Informati	on			
Stud	ent's Name: SHETH	HARSH DH	ANSUKHLAL			Mother's Nam	ne: LATA		Gender: Male
Nam	e in Vernacular Langua	ıge:शेठ हर्ष ध	ानसुखलाल						
Addr	ess: ROOM NUMBER	28, LILA NIW	AS, PLOT NUMBE	ER 264-A, LAKHAMSI	HI NAPOO RO	AD MATUNGA	(C.R.)		
City:	MUMBAI, Taluka: Mun	nbai, District:	Mumbai City, State	e: Maharashtra, PIN: 4	00019				
Tele	phone no.: 24163845			ile no: 919870797059	19870797059 Email : harshsheth9472@gmail.com				
	: Aug 11, 1999		tegory: Open		Physically	Handicap: No			
	ious Latest Examination		m IV(Regular-Rev1	6)	Exam Even	t: Apr-2019		Seat No: 059	90644 (Status: Pass)
	n form appearance type								
		ise select Pa	per details which y	ou want to appear (U	A - University A	Assessment,CA	- College As	sessment)	
SN	Paper Code			Paper Name)				AM - AT
1	85401	Risk Manage						Th-UA [] ;Th-	
2	85403		tual Fund Management Th-UA [];Th-CA []						
3	85404		anisational Behaviour Th-UA [];Th-CA []						
4	85405		trategic Corporate Finance Th-UA [];Th-CA [] orporate Restructuring Th-UA [];Th-CA []						
5	85407		orporate Restructuring						
6		Project Work	1		1			Pw-UA [] ;Pw	
	vocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee)	Examination	ı Fees
Mark	Statement Fee		Total:						
Pavr	nent Details:	mount Rece	ived:	Co	ollege Receipt	No. and Date:			
DD N			MICR No:		DD Date:			Bank:	
Cent	er Preference (Code/Na	ame):			1				
Venu	ue Preference (Code/Na	ame):							
To, 1	The Controller of Exami	nation,						Place:	Vidyavihar
l req	uest permission to pres	ent myself fo	or the ensuing exam	nination. I have remitte	d the prescribe	ed fee for the sa	ame. I hereby	,	viajavilla.
	are that all statement m gone through the sylla			•		, ,		Date:	
	est for any special cond								
	r ground. I understand t	hat in the eve	ent of any informati	on being found false of	or incorrect, my	candidature is	liable to be		
canc	ncelled or rejected. Student's Signature								
Decl	aration by Principal/HO	D/Chairperso	on						
resp	form is carefully scrutir onsibility of fulfillment/ro se/term work (if any) ac	ectification of	f the information. H						
Plac	e:								



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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	PRN:	Eligibility Status:	Examination form 080667	ı No.:	Division/Section:	Roll No.).:	Fogialadi	
2	2017016400839522	Eligible			Α	38			
Instru	uction Medium:				Nationality:	India			
		_	Student's Perso	onal Informati	on				
Stude	ent's Name: PRAJAP	PATI SRUSHTI PIYUSH			Mother's Name: JA	GRUTI	(Gender: Female	
Name	e in Vernacular Languag	je:પ્રજાપતિ સૃષ્ટિ પિયુષ							
		ent chittranjandas road ramnaç							
		n, District: Thane, State: Maha	<u> </u>						
	phone no.: 2862103		oile no: 917021842338			l : srushtip.sp(@gmail.	com	
	: Nov 18, 1999	Category: Reserved (· · · · · · · · · · · · · · · · · · ·		Handicap: No				
		Details: Sem IV(Regular-Rev	16)	Exam Even	t: Apr-2019	Seat	t No: 059	90634 (Status: Pass)	
Exan	xam form appearance type: Fresher								
Pape		se select Paper details which y	ou want to appear (UA	- University A	\ssessment,CA - Col	llege Assessm	nent)		
THE CONTRACTOR CONTRAC								AM - AT	
							A [] ;Th-		
2 85403 Mutual Fund Management Th-UA [];Th-CA []									
3									
4	85405 S	Strategic Corporate Finance					A [] ;Th-		
5	85407 C	Corporate Restructuring				Th-UA	A [] ;Th-	CA[]	
6	UFMFSVI.8 P	Project Work II				Pw-U	IA [] ;Pw	/-CA []	
Conv	Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Examination Fees								
Mark	Statement Fee	Total:							
Payn	nent Details: Ar	mount Received:	Coll	lege Receipt	No. and Date:				
DD N		MICR No:	<u> </u>	DD Date:		Bank			
Cent	er Preference (Code/Na	me):							
	ue Preference (Code/Nar	· · · · · · · · · · · · · · · · · · ·							
To, T	he Controller of Examin	ation,					Place:	Vidyavihar	
		ent myself for the ensuing exam					Date:		
		ade in this application are true, ous and the list of books prescr					Date.		
reque	est for any special conce	ession such as change in time	or day fixed for university	ty Examinatio	on etc. on religious or	r any			
	r ground. I understand th elled or rejected.	nat in the event of any informat	on being found false or	incorrect, my	candidature is liable	to be			
	•						St	udent's Signature	
	aration by Principal/HOD								
		ized by the College staff and by							
		ectification of the information. Ho cording to university rules.	e/she is regular student	of this Colleg	je and nas complete	d the required	1 attenua	ance and practical	
<u> </u>	insolution work (if any) according to aniversity rates.								
Place	ace:								
			_						
Date:	:								
			College Sta	aff Signature				nature of	
						Princi	ipal/HO[D/Chairperson	



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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PRN: Eligibility Status:			Examination form 080668	n No.:	Division/Section:	Roll No).:	2	
	2017016400839592		Eligible		III	Α	35		fawer.
nstrı	uction Medium:					Nationality:	India		
				Student's Perso	onal Informati	on			
Stud	ent's Name: PAWA	R SIDDHESH	I CHANDRAKANT			Mother's Name: A	NITA	(Gender: Male
Nam	e in Vernacular Langu	age:पवार सि	द्धेश चंद्रकांत						
٩ddr	ess: Dabholkar chawl	near surya ri	ice mill						
City:	Thane, Taluka: Thane	, District: Tha	ne, State: Maharas	shtra, PIN: 400601					
	phone no.:	<u> </u>		ile no: 919892673420		Ema	il : PAWARSII	DDHESH	H29@GMAIL.COM
	: Jul 06, 1998		tegory: Reserved (, ' ' '	Handicap: No			
	ious Latest Examinatio		m IV(Regular-Rev1	(6)	Exam Even	t: Apr-2019	Sea	t No: 059	90631 (Status: Pass)
	n form appearance typ								
		ase select Pa	per details which y	ou want to appear (UA	- University A	Assessment,CA - Co	llege Assessr	nent)	
SN	Paper Code			Paper Name					AM - AT
1	85401	Risk Manage						A [] ;Th-	
2	85403		ual Fund Management Th-UA [];Th-CA []						
3	85404	 	anisational Behaviour Th-UA [];Th-CA []						
4	85405		ategic Corporate Finance Th-UA [];Th-CA []						
5	85407	-	orporate Restructuring Th-UA [];Th-CA [] oject Work II Pw-UA [];Pw-CA []						
6 UFMFSVI.8 Project Work II							<u> </u>		
Convocation Fee Exam Form Late Fee				Fee	Exam Form	Super Late Fee	Exa	mination	Fees
viark	Statement Fee		Total:						
Payr	nent Details:	Amount Rece	ived:	Col	lege Receipt	No. and Date:			
DD N	No:		MICR No:		DD Date:		Bank	c:	
Cent	er Preference (Code/N	lame):							
√enι	ue Preference (Code/N	lame):							
Го, Т	he Controller of Exam	ination,						Place:	Vidyavihar
				nination. I have remitted complete and correct to				Date:	
				ibed for the examination					
				or day fixed for universi on being found false or					
	elled or rejected.	uiai iii uie eve	ent of any informati	on being lound raise or	incorrect, my	Candidature is liable	e to be		
	<u> </u>							St	udent's Signature
	aration by Principal/HC	-							
This	form is carefully scruti	nized by the (College staff and by	/ me. The information p e/she is regular student	rinted in the f	orm is correct to the	best of my kn	owledge	e. I also undertake the
	se/term work (if any) a			crane ia regular atuachi	r or triis conc	ge and has complete	d the require	a attenue	ance and practical
Place:									
				_					
Date	:								
				College Sta	aff Signature		Seal and Signature of Principal/HOD/Chairperson		
				1			1 11110	ipai/110L	on an person



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

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Examination form No.:

'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



	PRN:	Eligibility Status:	080669	INO	Division/Section:	Roll No	.:	shoyal	
:	2017016400839634	Eligible		l	Α	17		Jonath Loyal	
Instru	uction Medium:				Nationality:	India			
			Student's Persor	nal Informati	on				
Stud	ent's Name: GOYAL	JASWANT JAYRAM			Mother's Name: RA	CHANA	C	Gender: Male	
Nam	e in Vernacular Langua	ge:गोयल जसवंत जयराम							
Addr	ess: hanuman mandir, t	hakkar bappa colony room no	345, street no 05, dwarka	a niwas sash	ntri nagar, chembur,				
City:	mumbai, Taluka: Kurla,	District: Mumbai Suburban, St	ate: Maharashtra, PIN: 40	00071					
Telep	ohone no.:	Mob	ile no: 919930755698		Email	: jaswantgoy	/al090@	gmail.com	
DOB	: Aug 07, 1998	Category: Open		Physically	Handicap: No				
Previ	ious Latest Examination	n Details: Sem IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Seat	t No: 059	00612 (Status: Pass)	
Exan	n form appearance type	: Fresher							
Pape	er Details: Plea	se select Paper details which y	ou want to appear (UA -	University A	Assessment,CA - Coll	ege Assessn	nent)		
SN	Paper Code		Paper Name					AM - AT	
1	85401	Risk Management				Th-U	A [] ;Th-0	CA[]	
2 85403 Mutual Fund Management The							A [] ;Th-0	CA[]	
3	85404	Organisational Behaviour	anisational Behaviour Th-UA [];Th-CA []						
4	85405	Strategic Corporate Finance	A [] ;Th-(CA[]					
5	85407	orporate Restructuring Th						CA[]	
6 UFMFSVI.8 Project Work II Pw-UA [];Pw-CA []							-CA[]		
Conv	rocation Fee	Exam Form Late	Fee E	Exam Form	Super Late Fee	Exar	mination	Fees	
Mark	Statement Fee	Total:							
Pavn	nent Details:	mount Received:	Colle	ege Receint	No. and Date:				
DD N		MICR No:				Bank	Bank:		
	er Preference (Code/Na					1			
	ie Preference (Code/Na								
To, T	he Controller of Examir	nation,					Place:	Vidyavihar	
decla	are that all statement ma	ent myself for the ensuing exan ade in this application are true, ous and the list of books prescr	complete and correct to t	the best of m	ny knowledge and be	ief. l	Date:	via, aviila	
reque other	est for any special conc ground. I understand the	ession such as change in time hat in the event of any information	or day fixed for university	/ Examination	on etc. on religious or	any			
Caric	ancelled or rejected. Student's Signature								
	aration by Principal/HO								
respo	onsibility of fulfillment/re	ized by the College staff and by ectification of the information. H cording to university rules.							
Place	э :								
Date	:								



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Application Form for Examination of Summer Session 2020 event.

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	PRN: Eligibility Status: Examination form No.: Division/Section:		Roll No	.:						
	2017016400840212		Eligible			Α	40		Remak	
Instr	uction Medium:					Nationality:	India			
				Student's Pers	sonal Informati	on				
Stud	ent's Name: RATHO	D ROUNAK	JAYESH			Mother's Name: SA	NGEETA	(Gender: Male	
Nam	e in Vernacular Langua	ge:રોનક								
Addr	ess: JAYESH P RATH(DD DREAMS	COMPLEX, BLDO	NO.1, C WING LBS	MARG, BHAN	DUP WEST				
City:	BHANDUP, Taluka: Mu	ımbai, Distric	t: Mumbai City, St	ate: Maharashtra, PIN	400078					
Tele	phone no.: 21660367		Mot	ile no: 918108113363		Emai	l : rounakratho	od8108@	@gmail.com	
DOB	: Aug 15, 1999	Cat	egory: Open		Physically	Handicap: No				
Prev	ious Latest Examination	n Details: Ser	n IV(Regular-Rev	16)	Exam Even	t: Apr-2019	Seat	: No: 059	90636 (Status: Pass)	
Exar	n form appearance type	: Fresher								
Pape	er Details: Plea	se select Pa _l	oer details which y	ou want to appear (UA	A - University A	Assessment,CA - Co	lege Assessn	nent)		
SN	Paper Code			Paper Name)				AM - AT	
1	85401	Risk Manage	ment		Th			4 [] ;Th-	CA[]	
2		Mutual Fund	Management		Th-U.			4 [] ;Th-	CA[]	
3		Organisation			Th			4 [] ;Th-		
4			porate Finance					Th-UA [] ;Th-CA []		
5 85407 Corporate Restructuring								۲ [] ;Th-		
6		Project Work						A [] ;Pw		
	vocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exar	nination	Fees	
Mark	Statement Fee		Total:							
Payr	nent Details:	mount Recei	ved:	Co	llege Receipt	No. and Date:				
DD N	No:		MICR No:	<u> </u>	DD Date:		Bank	:		
Cent	er Preference (Code/Na	ame):			•					
Venu	ue Preference (Code/Na	ame):								
To, 1	The Controller of Exami	nation,						Place:	Vidyavihar	
	uest permission to pres are that all statement m							Date:		
have	gone through the sylla	bus and the l	ist of books prescr	ibed for the examination	on for which I a	m appearing. I shall	not			
	est for any special cond r ground. I understand t									
	elled or rejected.		,	3	,			٠,	udantia Cianatura	
Dool	aration by Principal/HO	D/Chairnara	<u> </u>					ડા	udent's Signature	
This resp	Declaration by Principal/HOD/Chairperson This form is carefully scrutinized by 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.									
Plac	e:									
Date:				College Staff Signature Seal and Signa						
							Principal/HOD/Chairperson			



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

Examination form No.:

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 todayl



	PRN:	Elig	ibility Status:	Examination fo 080671		Division/Section:	Roll No	o.:	a el			
	2017016400841037		Eligible			Α	23		Dorel			
nstrı	uction Medium:					Nationality:	India					
				Student's Per	sonal Informat	ion						
Stud	ent's Name: KHANE	BANDE MOH	AMMAD AQEEL K	AMIL		Mother's Name: A	MINA	(Gender: Male			
Nam	e in Vernacular Langua	age:खांबांदे मो	हम्मद अक़ील कामि	त्र								
٩ddr	ess: ROOM NO 281, D	R.KHANBAN	NDE BLDG, 2ND F	LOOR, OLD STATIO	N ROAD, NEA	R JUMA MASHJID K	(ALWA- THAI	NE				
City:	THANE, Taluka: Than	e, District: Th	ane, State: Mahara	ashtra, PIN: 400605								
ГеІеј	ohone no.:		Mob	ile no: 919930304168	no: 919930304168 Email : khanbandeaqeel0@gmail.com							
OOB	: Sep 11, 1999	Ca	tegory: Open		Physically Handicap: No							
Prev	ious Latest Examinatio	n Details: Se	m IV(Regular-Rev1	16)	Exam Ever	nt: Apr-2019	Sea	t No: 059	90618 (Status: Pass)			
Exan	ram form appearance type: Fresher											
Pape	aper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)											
SN	Paper Code			Paper Nam	е			AM - AT				
1	85401	Risk Manage	ement			Th-U	A [] ;Th-	CA[]				
2	85403	Mutual Fund	Management			Th-U	A [] ;Th-	CA[]				
3	85404	Organisation	nal Behaviour			Th-U	A [] ;Th-	CA[]				
4	85405	Strategic Co	rporate Finance				Th-U	Γh-UA [] ;Th-CA []				
5	85407	Corporate R	estructuring				Th-U	A [] ;Th-	CA[]			
6	UFMFSVI.8	Project Work	ς				Pw-L	JA [];Pw	/-CA[]			
Conv	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exa	mination	Fees			
Mark	Statement Fee		Total:									
Pavn	nent Details:	Amount Rece	ived:	C	ollege Receint	No. and Date:						
DD N		Willouth Freed	MICR No:		College Receipt No. and Date: DD Date: Bank:							
	er Preference (Code/N	lame).	INIOTOTO.		DB Bate.		Duiii	· ·				
	ie Preference (Code/N											
	he Controller of Exam							Place:	Vidyavihar			
req	uest permission to pres	sent myself fo	or the ensuing exan	nination. I have remitte	ed the prescrib	ed fee for the same.	I hereby		,			
	are that all statement m gone through the sylla							Date:				
	est for any special cond											
	ground. I understand	that in the ev	ent of any informat	on being found false	or incorrect, my	/ candidature is liable	e to be					
canc	elled or rejected.							St	udent's Signature			
Deck	aration by Principal/HC	D/Chairpers	on									
esp	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 isponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical burse/term work (if any) according to university rules.											
Place	9 :											
Date:												
			College S	College Staff Signature			Seal and Signature of Principal/HOD/Chairperson					



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

PRN: Eligibility Status:			Examination form 080672	n No.:	Division/Section:	Roll No.:					
	2017016400841157	Eligible		III	Α	57		Steen & Wort			
nstrı	uction Medium:	•	!		Nationality:	India	•				
			Student's Person	onal Informati	on						
Stud	ent's Name: VASAN	Γ MAANAV VIPUL			Mother's Name: SH	WETAL	G	Gender: Male			
lam	e in Vernacular Langua	ge:वसंत मानव विपुल					•				
Addr	ess: THE ORCHARD R	ESIDENCY, "CEDAR" TOWE	R 5, FLAT 503 LBS MAF	RG, GHATKO	PAR (WEST)						
City:	MUMBAI, Taluka: Mum	bai, District: Mumbai City, Sta	te: Maharashtra, PIN: 40	00086							
ele	ohone no.: 25182312	Mo	oile no: 919820802684		Email	: vasantvipul@	@yahoo	.co.in			
ОВ	: Dec 28, 1999	Category: Open		Physically	Handicap: No						
Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 S							No: 059	0652 (Status: Pass)			
xan	am form appearance type: Fresher										
ape	per Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)										
SN	Paper Code		Paper Name					AM - AT			
1	85401 F	Risk Management				Th-UA	[];Th-0	CA[]			
2 85403 Mutual Fund Management						Th-UA [];Th-CA []					
							Th-UA [];Th-CA []				
4	Strategic Corporate Finance Th-UA [];Th-CA []										
5	85407	Corporate Restructuring	Th-UA	[];Th-0	CA[]						
6	UFMFSVI.8	Project Work II				Pw-UA	\[];Pw-	-CA[]			
Conv	ocation Fee	Exam Form Late	Fee	Exam Form	Super Late Fee	Exam	ination	Fees			
/lark	Statement Fee	Total:									
		•				•					
_		mount Received:	Col	<u> </u>	No. and Date:						
DD N		MICR No:		DD Date:		Bank:					
	er Preference (Code/Na	,									
	ie Preference (Code/Na										
ъ, Т	he Controller of Examir	ation,				F	Place:	Vidyavihar			
		ent myself for the ensuing exa- ade in this application are true.					Date:				
		ous and the list of books presc				101.1					
		ession such as change in time									
	r ground. I understand tr elled or rejected.	nat in the event of any informa	tion being found faise or	incorrect, my	candidature is liable	to be					
							Stu	ident's Signature			
Deck	eclaration by Principal/HOD/Chairperson										
esp	nis form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the sponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical purse/term work (if any) according to university rules.										
Place	э:										
			i .								



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

Application Form for Examination of Summer Session 2020 event.

Examination form No.:

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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Seal and Signature of Principal/HOD/Chairperson

	PRN:	Eligib	oility Status:	Examination form 080673	n No.:	Division/Section:	Roll No	o.:	
	2017016400842354	E	Eligible				54		OPHNatt J. 271
Instr	uction Medium:	•	-			Nationality:	India	•	
				Student's Perso	onal Informati	on			
Stud	ent's Name: THAKK	AR MEET HA	SMUKH			Mother's Name: A	ARTI	C	Gender: Male
Nam	e in Vernacular Langua	ge:ઠક્કર મીટ	હસમુખ						
Addr	ess: b/9, Vinayak Darsh	nan, subhash	road, navapada						
City:	dombivli, Taluka: Kalya	an, District: Th	nane, State: Maha	rashtra, PIN: 421202					
Tele	phone no.:		Mob	oile no: 919967781767		Ema	il : meetradhe	govind1@	@gmail.com
DOB	: May 22, 1999	Cate	egory: Open		Physically	Handicap: No			
Prev	ious Latest Examinatior	n Details: Sem	n IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Sea	t No: 059	0650 (Status: Pass)
Exar	n form appearance type	: Fresher							
Pape	er Details: Plea	se select Pap	er details which y	ou want to appear (UA	- University A	Assessment,CA - Co	llege Assessr	ment)	
SN	Paper Code			Paper Name					AM - AT
1	85401	Risk Manager	ment			Th-U	A [] ;Th-0	CA[]	
2	85403	Mutual Fund N	Management				Th-U	A [] ;Th-0	CA[]
3 85404 Organisational Behaviour T						Th-U	Th-UA [];Th-CA []		
4 85405 Strategic Corporate Finance Th							Th-U	Th-UA [] ;Th-CA []	
5 85407 Corporate Restructuring Th								A [] ;Th-0	CA[]
6 UFMFSVI.8 Project Work II Pw-U								JA [] ;Pw	-CA[]
Conv	ocation Fee		Exam Form Late	Fee	ee Exam Form Super Late Fee			mination	Fees
Mark	Statement Fee		Total:						
_		mount Receiv		Coll		No. and Date:	Π		
DD N			MICR No:		DD Date:		Bank	C:	
	er Preference (Code/Na								
	ue Preference (Code/Na	-							
То, 1	he Controller of Examin	nation,						Place:	Vidyavihar
decla	are that all statement ma	ade in this app	plication are true,	nination. I have remitted complete and correct to ibed for the examination	the best of n	ny knowledge and b	elief. I	Date:	
reque othe	est for any special conc r ground. I understand t	ession such a	as change in time	or day fixed for universition being found false or	ty Examination	on etc. on religious o	r any		
canc	elled or rejected.							Stu	udent's Signature
Decl	aration by Principal/HO	D/Chairpersor	n						
resp		ectification of t	the information. H	y me. The information po e/she is regular student					
Place	e:								
Date	:								



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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Examination form No.:



PRN: Eligibility Status:			080674	II INO	Division/Section:	Roll No	.:	O athu		
	2017016400842362	Eligible		III I	Α	10		Squathy .		
nstr	uction Medium:	•			Nationality:	India				
			Student's Perso	onal Information	on					
Stud	ent's Name: CHETTI	YAR REVATHY KIRUBANAND	DAN		Mother's Name: SI	HANTHI	C	Gender: Female		
Nam	e in Vernacular Langua	ge:चेट्टीयार रेवती किरुबानंदन								
Addr	ess: HILL VIEW APT. R	OOM NO 7 BEHIND BETHAL	CHURCH KHOJGAON	I AMBERNAH	WEST					
City:	AMBERNATH, Taluka:	Ambarnath, District: Thane, Sta	ate: Maharashtra, PIN: 4	421505						
Tele	phone no.:	Mob	ile no: 919987461462		Emai	il : revathyche	ttiar@gn	nail.com		
DOB	: Aug 17, 1999	Category: Open		Physically Handicap: No						
Prev	ious Latest Examination	Details: Sem IV(Regular-Rev1	6)	Exam Event	: Apr-2019	Sea	t No: 059	90604 (Status: ATKT)		
Exam form appearance type: Fresher										
Pape	er Details: Pleas	se select Paper details which ye	ou want to appear (UA	- University A	ssessment,CA - Co	llege Assessn	nent)			
SN	Paper Code		Paper Name				AM - AT			
1	85401 F	Risk Management				Th-U	A [] ;Th-	CA[]		
2	85403	Mutual Fund Management				Th-U	A [] ;Th-	CA[]		
3	85404	Organisational Behaviour			Th-U	A [] ;Th-	CA[]			
4	85405	Strategic Corporate Finance			Th-U	Th-UA [] ;Th-CA []				
5	85407	Corporate Restructuring				Th-U	Th-UA[];Th-CA[]			
6	UFMFSVI.8	Project Work II				Pw-U	A [] ;Pw	-CA[]		
Conv	ocation Fee	Exam Form Late I	Fee	Exam Form S	Super Late Fee	Exa	mination	Fees		
Mark	Statement Fee	Total:								
Pavr	nent Details: A	mount Received:	Coll	lege Receipt N	No. and Date:					
1 DC		MICR No:	<u> </u>	DD Date:		Bank	:			
	er Preference (Code/Na									
	ue Preference (Code/Na	· · · · · · · · · · · · · · · · · · ·								
	The Controller of Examir	,					Place:	Vidyavihar		
		ent myself for the ensuing exam					D	,		
		ade in this application are true, one and the list of books prescri					Date:			
equ	est for any special conc	ession such as change in time o	or day fixed for universit	ty Examination	n etc. on religious o	r any				
	r ground. I understand the elled or rejected.	nat in the event of any informati	on being found false or	incorrect, my	candidature is liable	e to be				
Janic	elled of rejected.						Sti	udent's Signature		
Decl	aration by Principal/HOI	D/Chairperson								
		ized by the College staff and by								
		ectification of the information. He cording to university rules.	e/she is regular student	t of this Colleg	e and has complete	d the required	d attenda	ance and practical		
Jour		cording to difficulty rules.								
Plac	e:									
	-		_							
Date	c.									
			College Staff Signature		Seal and Signature of					
						Principal/HOD/Chairperson				



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

Application Form for Examination of Summer Session 2020 event.

 $B. Com.\ (F.M.) (with\ Credits) - Regular-Rev16-T.Y.B. Com. (F.M.) - Sem\ VI\ [2C00256]$

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	PRN:	Eligibility Status:	Examination form 080675	n No.:	Division/Section:	Roll No	Dinkenner		
:	2017016400842532	Provisional			Α	48			
Instru	uction Medium:	-!			Nationality:	India	<u>'</u>		
		_	Student's Perso	onal Informati	on				
Stude	ent's Name: SHETH I	DIVYAKUMAR JAISUKHLAL			Mother's Name: SH	IOBHNA	Gender: Male		
Nam	e in Vernacular Languag	e:દિવ્યકુમાર							
Addr	ess: Natraj Building, B-4	, Laxmi Narayan Lane, Matun	ga (CR), Mumbai-40001	9.					
City:	Mumbai, Taluka: Mumba	ai, District: Mumbai City, State	: Maharashtra, PIN: 400	019					
Telep	phone no.: 022	Mob	oile no: 918828153635		Email	: divysheth1	999@gmail.com		
DOB	: Oct 23, 1999	Category: Open		Physically	Handicap: No				
Previ	ious Latest Examination	Details: Sem IV(Regular-Rev	16)	Exam Even	t: Apr-2019	Sea	t No: 0590643 (Status: Pass)		
Exan	n form appearance type:	Fresher							
Pape	er Details: Pleas	e select Paper details which y	ou want to appear (UA	- University A	ssessment,CA - Coll	ege Assessr	ment)		
SN	Paper Code		Paper Name				AM - AT		
1	85401 F	Risk Management	Т				A [] ;Th-CA []		
2	85403 N	Nutual Fund Management				Th-U	A [] ;Th-CA []		
3	85404 C	Organisational Behaviour				Th-U	A [] ;Th-CA []		
4	85405 S	Strategic Corporate Finance					A [] ;Th-CA []		
5 85407 Corporate Restructuring							A [] ;Th-CA []		
6	UFMFSVI.8 P	roject Work II				Pw-U	IA [] ;Pw-CA []		
Conv	ocation Fee	Exam Form Late	Fee	Exam Form	Super Late Fee	Exa	mination Fees		
Mark	Statement Fee	Total:							
Dove	nent Deteiler	mount Descived	Call	laga Dagaint I	No. and Data:				
rayıı	Henr Details. An	Payment Details: Amount Received: College Receipt No. and Date:							
DD No: MICR No: DD Date: Bank:									
	lo:	MICR No:	<u> </u>		NO. and Date.	Bank	С		
Cent	No: er Preference (Code/Na	MICR No:	<u> </u>		NO. and Date.	Bank	С		
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Cento Venu To, T I required declar have	lo: er Preference (Code/Nar ie Preference (Code/Nar he Controller of Examina uest permission to prese are that all statement ma gone through the syllab	me): me): ation, nt myself for the ensuing exan de in this application are true, us and the list of books prescr	mination. I have remitted complete and correct to ribed for the examination	DD Date: I the prescribe the best of man for which I a	ed fee for the same. I ny knowledge and be m appearing. I shall I	hereby lief. I	Place: Vidyavihar		
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Venue To, T I requested thave requested their cancer Declar This response	er Preference (Code/Nar le Pre	me): me): ation, nt myself for the ensuing exan de in this application are true, us and the list of books prescr ession such as change in time at in the event of any informat D/Chairperson zed by the College staff and by	mination. I have remitted complete and correct to ribed for the examination or day fixed for universition being found false or y me. The information pr	DD Date: I the prescribe the best of man for which I at the text of the text	ed fee for the same. I ny knowledge and be m appearing. I shall i n etc. on religious or candidature is liable	hereby lief. I not any to be	Place: Vidyavihar Date: Student's Signature owledge. I also undertake the		
Venue To, T I requested thave requested their cance Declar This response cours	er Preference (Code/Nar le Pre	me): me): ation, nt myself for the ensuing exan de in this application are true, us and the list of books prescr ssion such as change in time at in the event of any informat //Chairperson zed by the College staff and by ctification of the information. H	mination. I have remitted complete and correct to ribed for the examination or day fixed for universition being found false or y me. The information pr	DD Date: I the prescribe the best of man for which I at the text of the text	ed fee for the same. I ny knowledge and be m appearing. I shall i n etc. on religious or candidature is liable	hereby lief. I not any to be	Place: Vidyavihar Date: Student's Signature owledge. I also undertake the		
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Centro Venua To, T I requested declar declar teques other cance Declar This response cours Place	er Preference (Code/Nar le Pre	me): me): ation, nt myself for the ensuing exan de in this application are true, us and the list of books prescr ssion such as change in time at in the event of any informat //Chairperson zed by the College staff and by ctification of the information. H	mination. I have remitted complete and correct to ribed for the examination or day fixed for universition being found false or y me. The information pr	DD Date: I the prescribe the best of man for which I at the text of the text	ed fee for the same. I ny knowledge and be m appearing. I shall i n etc. on religious or candidature is liable	hereby lief. I not any to be	Place: Vidyavihar Date: Student's Signature owledge. I also undertake the		
Venu To, T I requested thave requested their cancer Declar This respondence cours	er Preference (Code/Nar le Pre	me): me): ation, nt myself for the ensuing exan de in this application are true, us and the list of books prescr ssion such as change in time at in the event of any informat //Chairperson zed by the College staff and by ctification of the information. H	mination. I have remitted complete and correct to ribed for the examination or day fixed for universition being found false or y me. The information precise is regular student	DD Date: I the prescribe the best of man for which I at the text of the text	ed fee for the same. I ny knowledge and be m appearing. I shall i n etc. on religious or candidature is liable	hereby lief. I not any to be	Place: Vidyavihar Date: Student's Signature owledge. I also undertake the		



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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.:

'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

	PRN:	Eligit	bility Status:	080676	I INU	Division/Section:	Roll No	0.:	VIRIA	
;	2017016400842806		Eligible			Α	60			
Instru	uction Medium:					Nationality:	India			
				Student's Perso	nal Informat	on				
Stud	ent's Name: YADAV	VIPIN KAML	ASHANKAR			Mother's Name: G	EETA	(Gender: Male	
Nam	e in Vernacular Langua	ge:यादव विपि	न कमलाशंकर							
Addr	ess: BRAHMAN PADA	SHREE KRIS	SHNA COLONY R	OOM NO M7 ULHASNA	AGAR					
City:	ULHASNAGAR, Taluka	a: Ulhasnaga	r, District: Thane, S	State: Maharashtra, PIN	: 421004					
Telep	ohone no.:		Mob	ile no: 918237795735		Emai	il : neelam.vij	iria@gma	ail.com	
DOB	: May 03, 1999	Cat	egory: Open		, ' ' '	Handicap: No				
Previ	ious Latest Examinatior	n Details: Sen	n IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Sea	at No: 059	90655 (Status: Pass)	
	xam form appearance type: Fresher									
Pape	er Details: Plea	se select Pap	per details which y	ou want to appear (UA	- University A	Assessment,CA - Co	llege Assess	ment)		
SN	Paper Code			Paper Name				AM - AT		
1		Risk Manage						JA [] ;Th-		
2			Management					JA [] ;Th-		
3		Organisation			Th-UA []					
								JA [] ;Th-		
								JA [] ;Th-		
6	UFMFSVI.8	Project Work	II				Pw-l	JA [] ;Pw	/-CA []	
	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exa	mination	Fees	
Mark	Statement Fee		Total:							
Pavn	nent Details:	mount Recei	ved·	Coll	ege Receint	No. and Date:				
DD N			MICR No:		DD Date:	140. drid Date.	Ban	k.		
	er Preference (Code/Na				<i>DD Date.</i>					
	ie Preference (Code/Na									
To, T	he Controller of Examin	nation,						Place:	Vidyavihar	
l requ	uest permission to pres	ent myself for	r the ensuing exam	nination. I have remitted	the prescrib	ed fee for the same.	I hereby		viayaviila.	
				complete and correct to bed for the examination				Date:		
				or day fixed for universit						
		hat in the eve	ent of any informati	on being found false or	incorrect, my	candidature is liable	e to be			
canc	elled or rejected.							St	udent's Signature	
Decla	aration by Principal/HO	D/Chairperso	n							
respo	nis form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the sponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical burse/term work (if any) according to university rules.									
Place:										



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	PRN:	Eligibility Status:	Examination form 080677	n No.:	Division/Section:	Roll No).:			
:	2017016400842981	Eligible		III	Α	55		Sweethoodhe		
Instru	uction Medium:				Nationality:	India				
			Student's Perso	onal Informati	on					
Stud	ent's Name: THAKK	AR SAMEEP GOVIND			Mother's Name: Kl	JSUM	C	Gender: Male		
Nam	e in Vernacular Langua	ge:ठक्कर समीप गोविंद								
Addr	ess: 3, MEERA CHS LI	D. GUPTE ROAD OPP. SHIV N	MANDIR							
City:	Dombivli, Taluka: Kalya	an, District: Thane, State: Mah	arashtra, PIN: 421202							
Tele	ohone no.:	Mol	oile no: 917738937965		Emai	l : sameeptha	kkar10@	gmail.com		
DOB	: Jan 10, 2000	Category: Open		Physically Handicap: No						
		n Details: Sem IV(Regular-Rev	16)	Exam Even	t: Apr-2019	Seat	t No: 059	90651 (Status: Pass)		
	n form appearance type	e: Fresher								
Pape	er Details: Plea	se select Paper details which y	ou want to appear (UA	- University A	ssessment,CA - Co	llege Assessn	nent)			
SN	Paper Code		Paper Name					AM - AT		
1	85401	Risk Management				Th-U	A [] ;Th-	CA[]		
2	85403	Mutual Fund Management				Th-U	A [] ;Th-	CA[]		
3	85404	Organisational Behaviour			A [] ;Th-	CA[]				
4	85405	Strategic Corporate Finance						-UA [] ;Th-CA []		
5	85407	Corporate Restructuring				Th-U	A [] ;Th-	CA[]		
6	UFMFSVI.8	Project Work II				Pw-U	A [] ;Pw	-CA []		
Conv	ocation Fee	Exam Form Late	Fee	Exam Form	Super Late Fee	Exar	mination	Fees		
Mark	Statement Fee	Total:							_	
Pavn	nent Details:	mount Received:	Col	lege Receipt	No. and Date:				_	
DD N		MICR No:		DD Date:		Bank	Ξ:		-	
Cent	er Preference (Code/Na	ame):								
Venu	ie Preference (Code/Na	ame):							-	
To, T	he Controller of Examin	nation,					Place:	Vidyavihar	1	
		ent myself for the ensuing exam ade in this application are true,					Date:			
		bus and the list of books presc session such as change in time							+	
		hat in the event of any informa								
	elled or rejected.	•	· ·					udantia Cianatura		
Daal	aration by Dringing // IO	D/Oh airra a ra a ra					Sti	udent's Signature	L	
	aration by Principal/HO			rinted in the fr	in answert to the	boot of my len		Lalaa uundartaka tha		
resp	onsibility of fulfillment/re	nized by the College staff and be ectification of the information. For cording to university rules.								
									7	
Place	9:									
_										
Date	:		College Stoff Signature			Seal and Signature of				
			College Sta	College Staff Signature				nature of D/Chairperson		



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B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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Examination form No.:



	PRN:	Eligi	ibility Status:	080678	ii NO	Division/Section:	Roll No).:	Nadone.	
	2017016400843125		Eligible		.IIII	Α	31	!	Madane,	
nstru	ıction Medium:					Nationality:	India			
				Student's Perso	onal Informati	on				
Stude	ent's Name: PADAV	VE NIKHIL SA	ADANAND			Mother's Name: Sa	ANGITA	(Gender: Male	
Name	e in Vernacular Langua	age:पाडावे नि	खेल सदानंद							
	ess: R N 274, Katodipa			<u> </u>						
City:	MUMBAI, Taluka: Kurl	la, District: Mu	umbai Suburban, S	State: Maharashtra, PIN:	: 400084					
	phone no.:			pile no: 919987526877		Ema	il : nik24padav	ve25@g	mail.com	
	: Sep 16, 1999		tegory: Open		Physically Handicap: No					
	ous Latest Examinatio		m IV(Regular-Rev	16)	Exam Even	t: Apr-2019	Sea	t No: 059	90627 (Status: Pass)	
	n form appearance type									
		ase select Par	per details which y	ou want to appear (UA	- University A	Assessment,CA - Co	Ilege Assessr	nent)		
SN	Paper Code	<u> </u>		Paper Name				AM - AT		
1		Risk Manage					A [] ;Th-			
2	85403		l Management					A [] ;Th-		
3	85404	_ <u> </u>	nal Behaviour				A [] ;Th-			
4	85405	Strategic Cor	rporate Finance				Th-U	Th-UA [] ;Th-CA []		
5	85407	Corporate Re						A [] ;Th-		
6		Project Work	CII				Pw-U	JA [] ;Pw	v-CA []	
Conv	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exa	mination	ı Fees	
Mark	Statement Fee		Total:							
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DD N		Amount Recei	MICR No:	<u> </u>	DD Date:	No. and Date:	Rank			
		lama):	MICK NO.		DD Date.		Bank			
	er Preference (Code/N									
	e Preference (Code/Na							Τ		
	he Controller of Exami	•	er the enquing ever	nination. I have remitted	d tha proporih	ad faa far tha aama	l haroby	Place:	Vidyavihar	
decla	ire that all statement m	nade in this ap	pplication are true,	nination. I have remitted complete and correct to	o the best of n	ny knowledge and be	elief. I	Date:		
				ibed for the examination or day fixed for universit						
other	ground. I understand t			ion being found false or						
cance	elled or rejected.							St	tudent's Signature	
Decla	aration by Principal/HO	DD/Chairpers	on							
This f	form is carefully scrutir	inized by the C rectification of	College staff and by f the information. H	y me. The information pr le/she is regular student						
										
Place	£.									
				_						
Date:				College Staff Signature			Seal and Signature of			
				College Starr Signature					D/Chairperson	



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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

PRN:		Eligibi	ility Status:	Examination form 080679	No.:	Division/Section:	Rol	l No.:	120Rid
:	2017016400843245	E	Eligible			Α	(39	1100
nstru	uction Medium:	•				Nationality:	India		!
				Student's Perso	nal Informati	on			
Stude	ent's Name: RATHO	D DRUSTI VI	JAY			Mother's Name:	KUSUM		Gender: Female
lam	e in Vernacular Langua	ge:राठोड हष्टी	विजय						
Addr	ess: varia cottage, near	ambaji dham	M.G. Road mulu	nd west, mumbai					
City:	MUMBAI, Taluka: Kurla	a, District: Mun	nbai Suburban, S	tate: Maharashtra, PIN:	400080				
elep	ohone no.:		Mob	ile no: 919022308893		Em	ail : drustira	thod285@g	gmail.com
ОВ	: May 28, 2000	Cate	gory: Open		Physically	Handicap: No			
revi	ious Latest Examinatior	n Details: Sem	IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	(Seat No: 05	90635 (Status: Pass)
xan	n form appearance type	: Fresher							
ape	er Details: Plea	se select Pape	er details which y	ou want to appear (UA -	University A	Assessment,CA - C	ollege Asse	essment)	
SN	Paper Code			Paper Name					AM - AT
1 85401 Risk Management							T	h-UA [] ;Th	-CA[]
2 85403 Mutual Fund Management							T	h-UA [] ;Th	-CA[]
3 85404 Organisational Behaviour The						Γh-UA [] ;Th-CA []			
4 85405 Strategic Corporate Finance Th-								h-UA [] ;Th	-CA[]
5 85407 Corporate Restructuring The								h-UA [] ;Th-CA []	
6	UFMFSVI.8	Project Work I	I				P	w-UA [] ;Pv	v-CA []
Conv	ocation Fee	E	Exam Form Late	Fee	Exam Form	n Super Late Fee Examination Fees			
/lark	Statement Fee	-	Total:						
Pavn	nent Details: A	mount Receiv	od.	Colle	age Receipt	No. and Date:			
DD N			MICR No:	<u> </u>	DD Date:	IVO. and Date.	l _R	Bank:	
	er Preference (Code/Na		VIIOT (140.		DD Date.			ourik.	
	ue Preference (Code/Na								
	he Controller of Examir							Place:	Vidyavihar
			the ensuing exan	nination. I have remitted	the prescribe	ed fee for the same	e. I hereby	li lacc.	viayaviilai
lecla	are that all statement ma	ade in this app	olication are true,	complete and correct to	the best of n	ny knowledge and	belief. I	Date:	
				ibed for the examination or day fixed for universit					
ther	r ground. Í understand tl			on being found false or					
anc	elled or rejected.							S	tudent's Signature
Decla	aration by Principal/HOI	D/Chairperson	1					-	<u> </u>
				me. The information pre/she is regular student					
	se/term work (if any) ac			9 · · · · · · · · · · · · · · · · · · ·		,			,
Place	e:								



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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

PRN:		Eligibility Status:	Examination form 080680	1 No.:	Division/Section:	Roll No.	:	yashvi		
2	2017016400843415	Eligible			Α	32		0		
nstru	uction Medium:				Nationality:	India	-			
			Student's Perso	nal Informati	on					
Stude	ent's Name: PAREKH	H YASHVI JITEN			Mother's Name: Bli	NDIYA	Ge	ender: Female		
lame	e in Vernacular Languag	ge:yashvi								
Addre	ess: 301/vraj bhuvan na	vroji lane ghatkopar west								
City:	mumbai, Taluka: Mumb	ai, District: Mumbai City, State	: Maharashtra, PIN: 400	086						
elep	ohone no.:	Mob	ile no: 919967229599		Email	: yashviparek	h14.yp@	gmail.com		
OB	: Oct 14, 1999	Category: Open		Physically	Handicap: No					
revi	ous Latest Examination	Details: Sem IV(Regular-Rev1	(6)	Exam Even	t: Apr-2019	Seat	No: 0590	0628 (Status: Pass)		
xam form appearance type: Fresher										
Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)										
SN	Paper Code		Paper Name					AM - AT		
1	85401 F	Risk Management				Th-UA	\[];Th-C	:A[]		
2	85403 N	Mutual Fund Management				Th-UA	\[];Th-C	:A[]		
3	85404 C		Th-UA	\[];Th-C	:A[]					
4 85405 Strategic Corporate Finance							\[];Th-C	:A[]		
5 85407 Corporate Restructuring T						Th-UA	\[];Th-C	:A[]		
6	UFMFSVI.8 F	Project Work II				Pw-U/	۹[];Pw-(CA[]		
Conv	ocation Fee	Exam Form Late	Fee	Exam Form	Super Late Fee	Exam	Examination Fees			
/lark	Statement Fee	Total:								
Pavn	nent Details: Ar	mount Received:	Coll	eae Receipt	No. and Date:					
DD N		MICR No:		DD Date:		Bank:				
	er Preference (Code/Na	I								
	ie Preference (Code/Nai									
o, T	he Controller of Examin	ation,					Place:	Vidyavihar		
		ent myself for the ensuing exan					Date:	-		
		ous and the list of books prescr								
		ession such as change in time								
	elled or rejected.	nat in the event of any informati	on being found raise of	incorrect, my	Candidatule is liable	to be				
							Stud	dent's Signature		
	aration by Principal/HOD	•								
espo	is form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the ponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical urse/term work (if any) according to university rules.									
Place) :									



University of Mumbai, Mumbai

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B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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Examination form No.:

'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

	PRN:	Eligi	ibility Status:	080681	I INU	Division/Section:	Roll No	u:	de
:	2017016400843887		Eligible			Α	33		San
nstru	uction Medium:		-			Nationality:	India		
				Student's Perso	onal Informati	ion			
Stude	ent's Name: PARIKH	H DHRUVIT .	JIGNESH			Mother's Name: JI	GNA	(Gender: Male
lam	e in Vernacular Langua	ge:पारीख धृर्व	गेत जिग्नेश						
Addr	ess: A/30, INDRADEEF	SCTY GOP	AL BHUVAN,LBS	MARG`GHATKOPAR	(w)				
City:	MUMBAI, Taluka: Kurla	a, District: Mu			400086				
elep	ohone no.: 25150425		Mob	ile no: 917506815351		Emai	l : dhruvitparil	kh06@g	mail.com
OB	: Jan 06, 2000	Cat	tegory: Open		Physically	/ Handicap: No			
revi	ious Latest Examination	n Details: Sei	m IV(Regular-Rev1	6)	Exam Even	nt: Apr-2019	Sea	t No: 059	90629 (Status: Pass)
xan	n form appearance type	: Fresher							
ape	r Details: Plea	se select Pa	per details which ye	ou want to appear (UA	- University A	Assessment,CA - Co	llege Assessr	nent)	
SN	Paper Code			Paper Name	Paper Name				AM - AT
1	85401	Risk Manage	ement		Th-U				·CA[]
2	85403	Mutual Fund	Management		Th-U.				·CA[]
3 85404 Organisational Behaviour							Th-U	A [] ;Th-	CA[]
4	85405	Strategic Corporate Finance Th-UA [];Th-CA []							
5	85407	Corporate Restructuring -							·CA[]
6 UFMFSVI.8 Project Work II						Pw-U	A [] ;Pw	/-CA[]	
Conv	ocation Fee		Exam Form Late I	Fee	Exam Form Super Late Fee Ex			mination	Fees
/lark	Statement Fee		Total:						
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_		mount Rece	T	Col		No. and Date:			
DD N			MICR No:		DD Date:		Bank	:	
	er Preference (Code/Na								
	ie Preference (Code/Na								
o, T	he Controller of Examin	nation,						Place:	Vidyavihar
lecla	uest permission to pres are that all statement man	ade in this ap	oplication are true,	complete and correct to	the best of n	ny knowledge and be	elief. I	Date:	
	gone through the syllal est for any special cond					11 0			
ther	ground. Í understand t								
anc	elled or rejected.							St	udent's Signature
Decla	aration by Principal/HO	D/Chairperso	 on						<u>-</u>
espo	form is carefully scrutin onsibility of fulfillment/re se/term work (if any) ac	ectification of	f the information. H						
Place:									



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B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256] 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 todayl 'e-Suvidha' account on Examination form No.: PRN: Eligibility Status: Division/Section: Roll No.: 080682 2017016400844295 15 Eligible Instruction Medium: Nationality: India Student's Personal Information DODECHA DHYAN BHARAT Student's Name: Mother's Name: JIGNA Gender: Male Name in Vernacular Language:GUJRATI Address: 18c/1 khatau bhuvan model town, br road,mulund west ,mumbai 400080 4/a umiya bhuvan, opposite vardhaman nagar, mulund west mumbAl 400080

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

Telephone no.: Mobile no: 919819890877 Email : dhyandodecha@gmail.com

DOB: Sep 18, 1999 Category: Open Physically Handicap: No

Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0590609 (Status: ATKT)

Exam form appearance type: Fresher

Paper	r Details:	Please sele	ct Paper details which you want to a	ppear (UA - University Assessment, CA - Colle	ege Assessment)			
SN	Paper Code		Pa	aper Name	AM - AT			
1	85401	Risk M	nagement		Th-UA [];Th-CA []			
2	85403	Mutual	- Fund Management	d Management				
3	85404	Organi	ational Behaviour		Th-UA [];Th-CA []			
4	85405	Strateg	c Corporate Finance		Th-UA [];Th-CA []			
5	85407	Corpor	te Restructuring		Th-UA [];Th-CA []			
6	UFMFSVI.8	Project	Work II		Pw-UA [] ;Pw-CA []			
Convocation Fee			Exam Form Late Fee	Exam Form Super Late Fee	Examination Fees			
Mark	Statement Fee		Total:					

Payment Details:	Amount Recei	ved:	(
DD No:		MICR No:		DD Date: Bank:			
Center Preference (Code/Name):							

Center Preference (Code/Name):

Venue Preference (Code/Name):

To, The Controller of Examination,

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

Place: **Vidyavihar**Date:

Student's Signature

Declaration by Principal/HOD/Chairperson

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

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



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Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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Examination form No.:



PRN: Eligibility Status:				080683	II NO	Division/Section:	Roll No).:	Ce.	
2	2017016400844337		Eligible		III	Α	1		Show	
Instru	ıction Medium:					Nationality:	India			
				Student's Perso	onal Informat	ion				
Stude	ent's Name: ADANI	I HARSH SAN	1JAY			Mother's Name: D	EENA	(Gender: Male	
Name	e in Vernacular Langua	age:अदाणी हर्ष	र्भ संजय							
Addre	ess: B 902, Sargam Cl	HS, Building r	no. 35, Tilak Naga	r, Chembur.						
City: I	Mumbai, Taluka: , Dist	trict: Mumbai	Suburban, State: N	Maharashtra, PIN: 40008	89					
Telep	phone no.: 25292767		Mob	oile no: 919619090725		Ema	il : harshadan	i12@gm	nail.com	
	: Jun 16, 1999		tegory: Open		Physically	Handicap: No				
	ous Latest Examination		m IV(Regular-Rev1	16)	Exam Even	nt: Apr-2019	Sea	t No: 059	90597 (Status: Pass)	
	n form appearance type									
 -		ase select Par	per details which y	ou want to appear (UA	- University A	Assessment,CA - Co	Ilege Assessr	nent)		
SN	Paper Code	<u> </u>		Paper Name					AM - AT	
1		Risk Manage						A[];Th-		
2			l Management					A[];Th-		
3			nal Behaviour				A[];Th-			
4		Strategic Cor	rporate Finance			Th-U	Th-UA [];Th-CA []			
5		Corporate Re						A[];Th-		
6		Project Work	CII				Pw-U	JA [] ;Pw	v-CA []	
Conv	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exa	mination	ı Fees	
Mark	Statement Fee		Total:							
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	er Preference (Code/N									
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decla	re that all statement m	nade in this ap	pplication are true,	nination. I have remitted complete and correct to	the best of n	ny knowledge and be	elief. I	Date:		
				ibed for the examination or day fixed for universit						
other	ground. I understand t			ion being found false or						
cance	elled or rejected.							St	tudent's Signature	
Decla	aration by Principal/HO	DD/Chairpers	on							
This f	form is carefully scrutir	inized by the C rectification of	College staff and by f the information. H	y me. The information pr le/she is regular student						
مدات										
Place	·]				
7 -1]				
Date:				College St	College Staff Signature			Seal and Signature of		
				Joney ou	College Stall Signature			Principal/HOD/Chairperson		



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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	PRN:	Eligi	bility Status:	Examination 0806		Division/Section:	Roll No).:	A	
	2017016400844376		Eligible			Α	16			
Instr	uction Medium:					Nationality:	India			
				Student's P	ersonal Informati	ion				
Stud	ent's Name: GAWD	E ANUJ ANII	-			Mother's Name: Pl	RATIBHA	(Gender: Male	
Nam	e in Vernacular Langu	age:Anuj				•		·		
Addr	ess: 202,Mayflower-1,	Cosmos Parl	k,Behind Coral Hei	ghts,Vijay Garden r	oad, Thane west.					
City:	Thane, Taluka: Thane	, District: Tha	ne, State: Mahara	shtra, PIN: 400615						
Tele	ohone no.:		Mot	ile no: 9199204094	66	Emai	l : gawdeanuj	@gmail.	.com	
DOB	: Sep 15, 1999	Ca	tegory: Open		Physically	Handicap: No				
Prev	ious Latest Examinatio	n Details: Se	m IV(Regular-Rev	16)	Exam Even	t: Apr-2019	Sea	t No: 059	90610 (Status: Pass)	
Exar	n form appearance typ	e: Fresher								
Pape	er Details: Plea	ase select Pa	per details which y	ou want to appear (UA - University A	Assessment,CA - Co	llege Assessn	nent)		
SN Paper Code Paper Name									AM - AT	
1	85401	Risk Manage	ement				Th-U	A [] ;Th-	-CA[]	
2	85403	Mutual Fund	Management				Th-U	A [] ;Th-	-CA[]	
3 85404 Organisational Behaviour							Th-U	A [] ;Th-	-CA[]	
4 85405 Strategic Corporate Finance							Th-U	Th-UA [];Th-CA []		
5	85407	Corporate R	estructuring				Th-U	A [] ;Th-	-CA[]	
6	UFMFSVI.8	Project Work	c II				Pw-U	IA [] ;Pw	v-CA []	
Conv	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exa	mination	Fees	
Mark	Statement Fee		Total:							
		Amount Rece	1		College Receipt	No. and Date:				
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	er Preference (Code/N									
	ie Preference (Code/N									
	he Controller of Exam							Place:	Vidyavihar	
decla	uest permission to pres are that all statement m gone through the sylla	nade in this ap	oplication are true,	complete and corre	ct to the best of n	ny knowledge and be	elief. I	Date:		
requ	est for any special con-	cession such	as change in time	or day fixed for univ	ersity Examination	on etc. on religious o	r any			
	ground. I understand elled or rejected.	that in the ev	ent of any informat	ion being found fals	e or incorrect, my	candidature is liable	e to be			
caric	elled of rejected.							St	udent's Signature	
Decl	aration by Principal/HC	D/Chairpers	on							
resp	nis form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the sponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical burse/term work (if any) according to university rules.									
Place	e:									
D										
Date	:			College	e Staff Signature		Seal	and Sior	nature of	
				Joney	College Stall Signature			Seal and Signature of Principal/HOD/Chairperson		



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Examination form No.:



PRN: Eligibility Status:			bility Status:	080685	I INU	Division/Section:	Roll No	D.:	-3.28 Miller
2	2017016400844682		Eligible		II	Α	2		- 200
Instru	ıction Medium:	-	•			Nationality:	India		
				Student's Perso	nal Informati	on			
Stude	ent's Name: AMMA	NAGI ADITYA	MAHANTESH			Mother's Name: N	ANDINI	(Gender: Male
Name	e in Vernacular Langu	age:Aditya							
Addre	ess: 1102, Mystic tow	er, Ashar Encl	ave, Kolshet road,	Thane(w) - 400607 Mah	narashtra				
City:	Thane, Taluka: Thane	e, District: Tha	ne, State: Maharas	htra, PIN: 400607					
Telep	hone no.:		Mob	ile no: 919930068562		Ema	il : aditya.amr	managi1	1@gmail.com
DOB	: Sep 14, 1999	Cat	egory: Open		Physically	Handicap: No			
Previ	ous Latest Examination	on Details: Ser	m IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Sea	t No: 05	90598 (Status: ATKT)
Exan	n form appearance typ	e: Fresher							
Pape	r Details: Ple	ase select Pa _l	per details which ye	ou want to appear (UA -	- University A	ssessment,CA - Co	llege Assessi	ment)	
SN	Paper Code			Paper Name	Paper Name				AM - AT
1	85401	Risk Manage	ement				Th-U	A [] ;Th-	-CA[]
2	85403	Mutual Fund	Management				Th-U	A [] ;Th-	-CA[]
3	85404	Organisation	al Behaviour				Th-U	A [] ;Th-	-CA[]
4	85405	Strategic Cor	rporate Finance				Th-U	A [] ;Th-	-CA[]
5	85407	Corporate Re	estructuring				Th-U	A [] ;Th-	-CA[]
6	UFMFSVI.8	Project Work	:11				Pw-L	JA [] ;Pv	v-CA []
Conv	ocation Fee		Exam Form Late I	-ee	Exam Form	Super Late Fee	Exa	mination	Fees
Mark	Statement Fee		Total:						
Pavn	nent Details:	Amount Recei	ived:	Colle	ege Receint	No. and Date:			
DD N			MICR No:		DD Date:		Banl	K:	
Cente	er Preference (Code/N	Name):							
Venu	e Preference (Code/N	lame):							
To, T	he Controller of Exam	ination,						Place:	Vidyavihar
				ination. I have remitted				Date:	
				complete and correct to bed for the examination				Date.	
reque	est for any special cor	cession such	as change in time o	or day fixed for universit	y Examinatio	n etc. on religious o	r any		
other	ground. I understand elled or rejected.	that in the eve	ent of any informati	on being found false or i	incorrect, my	candidature is liabl	e to be		
caric	ched of rejected.							St	udent's Signature
Decla	aration by Principal/H	OD/Chairperso	on						
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 purse/term work (if any) according to university rules.								
Place) :								
Date:				College Staff Signature					nature of D/Chairperson



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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

PRN: Eligibilit		bility Status:	Examination form No.: 080686		Division/Secti	ion:	Roll No.:		dian	
	2017016400844724		Eligible			А		19		2
nstrı	uction Medium:	•				Nationality:	Ind	lia	-	
				Student's Pers	onal Informati	on				
Stud	ent's Name: JAIN A	AYUSH JITE	NDRA			Mother's Nar	me: RESHI	MA	G	Gender: Male
Nam	e in Vernacular Langua	ıge:जैन आयुष	। जीतेन्द्र							
Addr	ess: 201-202 kushal blo	dg. santoshi i	mata road opp.jain	society						
City:	kalyan, Taluka: Kalyan	, District: Tha	ane, State: Mahara	shtra, PIN: 421301						
Tele	phone no.:		Mob	ile no: 918369610051			Email : ard	ockers0@g	gmail.c	om
DOB	: Sep 26, 1999	Cat	tegory: Open		Physically	Handicap: No)			
Prev	ious Latest Examination	n Details: Sei	m IV(Regular-Rev1	(6)	Exam Even	t: Apr-2019		Seat N	No: 059	00614 (Status: Pass)
Exan	n form appearance type	e: Fresher								
Pape	er Details: Plea	ise select Pa	per details which y	ou want to appear (UA	A - University A	Assessment,C/	A - College	Assessme	ent)	
SN	Paper Code			Paper Name						AM - AT
1	85401	Risk Manage	ement					Th-UA	[];Th-(CA[]
2 85403 Mutual Fund Management							Th-UA	Th-UA [];Th-CA []		
3	85404	Organisation	al Behaviour					Th-UA	[];Th-(CA[]
4	85405	Strategic Co	rporate Finance					Th-UA	[];Th-(CA[]
5	85407	Corporate Re	prporate Restructuring Th-UA [];Th-CA []							
6	UFMFSVI.8	Project Work	: II					Pw-UA	[];Pw	-CA[]
Conv	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fe	e	Exami	ination	Fees
Mark	Statement Fee		Total:							
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		mount Rece	1	[0	, 	No. and Date:		lp		
DD N		\	MICR No:		DD Date:			Bank:		
	er Preference (Code/Na									
	ue Preference (Code/Na									
•	The Controller of Examin	•		danta da la la companya da la compa	4.05 25	and Constitutions			Place:	Vidyavihar
decla	uest permission to pres are that all statement m	ade in this ap	oplication are true,	complete and correct to	o the best of n	ny knowledge a	and belief.		Date:	
	gone through the syllal est for any special cond							.		
othe	r ground. Í understand t									
canc	ancelled or rejected. Student's Signature									
Deck	aration by Principal/HO	D/Chairperso	on					•		
resp	s form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the ponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical urse/term work (if any) according to university rules.									
Place:										



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'e-Suvidha' account on



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	PRN:	Eligi	ibility Status:	Examination form 080687	No.:	Division/Section:	Roll No	u:	
:	2017016400845082		Eligible			А	41		Dime.
Instru	uction Medium:		-			Nationality:	India		
				Student's Perso	nal Informati	on			
Stude	ent's Name: ROHR	A HEENA SA	NTOSH			Mother's Name: A	ARTI	(Gender: Female
Nam	e in Vernacular Langua	age:रोहर हीन	संतोषज						
Addr	ess: 405/3,NEW KALP	RAJ APT, BA	AIL BAZAR KALYA	N(w)					
City:	MUMBAI, Taluka: Kaly	/an, District: ٦	Γhane, State: Maha	arashtra, PIN: 421301					
Telep	phone no.:		Mob	ile no: 919699950592	_	Emai	l : rohraheena	13@gm	ail.com
DOB	: Apr 13, 2000	Ca	tegory: Open		Physically	Handicap: No			
Previ	ous Latest Examinatio	n Details: Se	m IV(Regular-Rev1	(6)	Exam Even	t: Apr-2019	Seat	ն No: 059	90637 (Status: Pass)
Exan	n form appearance type	e: Fresher							
Pape	r Details: Plea	ase select Pa	per details which ye	ou want to appear (UA -	- University A	Assessment,CA - Co	llege Assessn	nent)	
SN Paper Code				Paper Name					AM - AT
1	85401	ement				Th-U/	A [] ;Th-	CA[]	
2	85403	Mutual Fund	Management				Th-U/	A [] ;Th-	CA[]
3 85404 Organisational Behaviour Th-UA [];Th-CA []							CA[]		
4	85405	Strategic Co	rporate Finance				Th-U/	A [] ;Th-	CA[]
5	85407	Corporate Restructuring Th-UA [];Th-CA []							
6	UFMFSVI.8	Project Work	c II				Pw-U	A[];Pw	/-CA []
Conv	ocation Fee		Exam Form Late I	Fee	Exam Form Super Late Fee Exa			mination	Fees
Mark	Statement Fee		Total:						
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	er Preference (Code/N								
	e Preference (Code/N								
	he Controller of Exami							Place:	Vidyavihar
				nination. I have remitted complete and correct to				Date:	
have	gone through the sylla	bus and the l	list of books prescri	ibed for the examination	for which I a	m appearing. I shall	not		
				or day fixed for universit					
	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								
	aration by Principal/HC	•							
respo	s form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the consibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical rse/term work (if any) according to university rules.								
Place):								
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	PRN:	Eligi	ibility Status:	Examination form 080688	n No.:	Division/Section:	Roll N	10.:	TAHER	
	2017016400845526	Р	Provisional			Α	12	•		
nstr	uction Medium:					Nationality:	India		•	
				Student's Perso	onal Informati	on				
Stud	ent's Name: CHOP	PADAWALA TA	AHER KHOJEMA			Mother's Name:	HUSAINA		Gender: Male	
Nam	e in Vernacular Langu	age:Chopada	wala Taher khojem	na						
Addı	ess: 502 EZZI COP H	OUSING SOC	CIETY KOLSHET R	OAD THANE WEST						
_	MUMBAI, Taluka: Tha	ane, District: T	hane, State: Maha	rashtra, PIN: 400607						
Tele	phone no.:	,	Mob	ile no: 917715916053	,	En	nail: taher467	@gmail.co	om	
	3: Jun 07, 1999		tegory: Open		Physically	Handicap: No				
	ious Latest Examination		m IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Se	at No: 05	90606 (Status: Pass)	
Exar	n form appearance typ	e: Fresher								
	er Details: Ple	ase select Pa	per details which y	ou want to appear (UA	- University A	Assessment,CA - 0	College Asses	sment)		
SN	Paper Code			Paper Name					AM - AT	
1	85401	Risk Manage	ement				Th-	UA [] ;Th-	-CA[]	
2	85403	Mutual Fund	l Management				Th-	UA [] ;Th-	-CA[]	
3 85404 Organisational Behaviour							Th-	UA [] ;Th-	-CA[]	
4	85405	Strategic Corporate Finance Th-UA [];Th-CA []								
5	85407	Corporate R	estructuring				Th-	UA [] ;Th-	-CA[]	
6 UFMFSVI.8 Project Work II Pw-UA [];Pw-CA []								v-CA []		
Con	vocation Fee		Exam Form Late	Fee	e Exam Form Super Late Fee			amination	n Fees	
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	ue Preference (Code/N							$\overline{}$		
	The Controller of Exam				مائست مست مسادا			Place:	Vidyavihar	
decla	are that all statement n	nade in this ap	pplication are true,	nination. I have remitted complete and correct to	the best of n	ny knowledge and	belief. I	Date:		
				ibed for the examinatior or day fixed for universited the contraction in the contraction						
				on being found false or						
	elled or rejected.		•	-				9	tudent's Signature	
امدا	aration by Principal/H0	OD/Chairners						31	ludent's Signature	
	•	-		me. The information p	rinted in the f	orm is correct to th	ne heet of my k	cnowledge	a I also undertake the	
resp	onsibility of fulfillment/	rectification of	f the information. H	e/she is regular student						
cour	se/term work (if any) a	ccording to ur	niversity rules.							
Plac	e:									
				_						
Date	:			0 " 0 "0 "			Sool and Signature of			
				College Sta	College Staff Signature			Seal and Signature of Principal/HOD/Chairperson		



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'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



	PRN:	Eligi	ibility Status:	Examination form 080689	No.:	Division/Section:	Roll No	u:		
2	2017016400845704		Eligible		I	А	13		Spark	
Instru	uction Medium:					Nationality:	India			
				Student's Persor	nal Informati	ion				
Stude	ent's Name: DASH	SONALI PRA	ABHAKAR			Mother's Name: RI	TANJALI		Gender: Female	
Name	e in Vernacular Langua	age:दाश सोना	ली प्रभाकर							
Addre	ess: 19/B, SAHAJIVAN	N SOCIETY, S	SHINGRE WADI BA	AIL BAZAR, KURLA WES	ST,					
City:	Mumbai, Taluka: Kurla	a, District: Mu	mbai Suburban, St	ate: Maharashtra, PIN: 4	00070					
Telep	ohone no.:		Mob	pile no: 919619329951		Email	: prabhakard	lash3@ç	gmail.com	
DOB:	: May 01, 2000	Ca	tegory: Open		Physically	Handicap: No				
Previ	ious Latest Examinatio	n Details: Se	m IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Seat	No: 059	90607 (Status: Pass)	
	kam form appearance type: Fresher									
		ase select Pa	per details which y	ou want to appear (UA -	University A	Assessment,CA - Col	lege Assessn	nent)		
SN Paper Code Paper Name									AM - AT	
1	85401	Risk Manage						A [] ;Th-		
2	85403	Mutual Fund	l Management			Th-UA [];Th-CA []				
3 85404 Organisational Behaviour								A [] ;Th-		
4	85405	Strategic Co	rporate Finance				Th-U	A [] ;Th-	CA[]	
5	5 85407 Corporate Restructuring Th-UA [];Th-CA []									
6	UFMFSVI.8	Project Work	c II				Pw-U	A [] ;Pw	-CA []	
Conv	ocation Fee		Exam Form Late	Fee I	Exam Form	Super Late Fee Examination Fees			Fees	
Mark	Statement Fee		Total:							
Pavm	nent Details:	Amount Rece	eived:	Colle	ege Receipt	No. and Date:				
DD N			MICR No:		DD Date:		Bank	:		
Cente	er Preference (Code/N	lame):								
Venu	e Preference (Code/Na	ame):								
To, T	he Controller of Exami	ination,						Place:	Vidyavihar	
				nination. I have remitted t				Date:		
				complete and correct to to ibed for the examination				Date.		
reque	est for any special cond	cession such	as change in time	or day fixed for university	/ Examination	on etc. on religious or	any			
	ground. I understand t elled or rejected.	that in the eve	ent of any informati	ion being found false or it	ncorrect, my	candidature is liable	to be			
000								Stı	udent's Signature	
Decla	aration by Principal/HO	D/Chairperso	on							
	is form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the sponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical									
	se/term work (if any) ac			erane ia regulai stuuetti (oi iiiis Coile(ge and has complete	u ine required	ı all e nda	ance and practical	
Place) :									
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	PRN:	Eligi	bility Status:	Examination forr 080690	m No.:	Division/Section:	Roll No	.:	Bhamata
	2017016400846294		Eligible			Α	7		,
Instr	uction Medium:	•				Nationality:	India		
				Student's Pers	onal Informati	on			
Stud	ent's Name: BHAN l	JSHALI HAR	SH PRATAP			Mother's Name: V	IMALA	(Gender: Male
Nam	e in Vernacular Langua	age:भानुशाली	हर्ष pratap						
Addr	ess: A-103, Mahavir Er	mpress Cama	Lane, Ghatkopar	West Mumbai-400086					
City:	Mumbai, Taluka: Mum	bai, District: I	Mumbai City, State	: Maharashtra, PIN: 40	0086				
Tele	ohone no.: 25134378		Mob	ile no: 917666077006		Ema	il : bhanushali	h20@gr	nail.com
DOB	: May 20, 1999	Ca	tegory: Open		Physically	Handicap: No			
Prev	ious Latest Examinatio	n Details: Se	m IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Seat	t No: 059	90601 (Status: ATKT)
Exar	n form appearance type	e: Fresher							
Pape	er Details: Plea	ase select Pa	per details which y	ou want to appear (UA	- University A	Assessment,CA - Co	llege Assessn	nent)	
SN	Paper Code			Paper Name					AM - AT
1	85401	Risk Manage	ement				Th-U/	A [] ;Th-	·CA[]
2	85403	Mutual Fund	Management				Th-U/	A [] ;Th-	·CA[]
3	85404	Organisation	al Behaviour				Th-U/	A [] ;Th-	·CA[]
4	85405	Strategic Co	rporate Finance				Th-U/	A [] ;Th-	·CA[]
5	85407	Corporate R	estructuring				Th-U/	A [] ;Th-	·CA[]
6	UFMFSVI.8	Project Work	: 11				Pw-U	A [] ;Pw	/-CA[]
Conv	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exar	mination	Fees
Mark	Statement Fee		Total:						
Davr	nent Details:	Amount Rece	ivod:	Co	Ilogo Posoint	No. and Dato:			
DD N		Alliount Nece	MICR No:	College Receipt No. and Date: DD Date: Bank:					
		omo):	IVIICK NO.		DD Date.		Dalik		
	er Preference (Code/Nue Preference (Code/Nue)	-							
	The Controller of Exami							I	
			r the enquing even	nination. I have remitted	d the preserib	ad foo for the same	l horoby	Place:	Vidyavihar
decla	are that all statement m	ade in this ap	oplication are true,	complete and correct to	the best of n	ny knowledge and b	elief. I	Date:	
				ibed for the examinatio or day fixed for univers					
othe	ground. I understand			on being found false or					
canc	elled or rejected.							St	udent's Signature
Decl	aration by Principal/HC	D/Chairperso	on .						
resp	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 purse/term work (if any) according to university rules.								
Place	e:								
				_					
Date	:								
			College St	College Staff Signature			Seal and Signature of Principal/HOD/Chairperson		



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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Examination form No.:

'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

PRN: Eligibility Status:			bility Status:	080691		Division/Section:	Roll No	u:	
2	2017016400846313		Eligible		IIII	А	27		Sarika.
nstru	ıction Medium:	_				Nationality:	India		
				Student's Pers	onal Informati	on			
Stude	ent's Name: MAURY	'A SARIKA F	KAMYAGYA			Mother's Name: SI	HARDHA MAI	JRYA (Gender: Female
Name	e in Vernacular Langua	ge:मौर्या सारि	का RAMYAGYA						
	ess: 503, 6TH FLOOR								
City:	DOMBIVLI , Taluka: Ka	lyan, District		harashtra, PIN: 42120	1				
	phone no.:	,		ile no: 918454973111			l : sarikamaur	ya12@g	gmail.com
	Dec 20, 1999		tegory: Open		Physically Handicap: No				
	ous Latest Examination		n IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Seat	t No: 059	90623 (Status: Pass)
Exam	form appearance type	: Fresher							
Pape	r Details: Plea	se select Pa	per details which y	ou want to appear (UA	A - University A	Assessment,CA - Co	llege Assessn	nent)	
SN	Paper Code			Paper Name					AM - AT
1	85401	Risk Manage	ment			Th-U	A [] ;Th-	CA[]	
2	85403	Mutual Fund	Management				Th-U	A [] ;Th-	CA[]
3	85404	Organisation	al Behaviour			Th-U	Th-UA [] ;Th-CA []		
4	85405	Strategic Co	rporate Finance				Th-U	A [] ;Th-	CA[]
5	85407	Corporate Re	estructuring				Th-U	A [] ;Th-	CA[]
6	UFMFSVI.8	Project Work	: 11				Pw-U	A[];Pw	/-CA []
Conv	ocation Fee		Exam Form Late	Fee	ee Exam Form Super Late Fee			mination	Fees
Mark	Statement Fee		Total:						
			 						
		mount Recei	1	Co	College Receipt No. and Date:			Deal.	
DD N		\	MICR No:		DD Date:		Bank	:	
	er Preference (Code/Na								
	e Preference (Code/Na								
•	he Controller of Exami	•				16 6 11		Place:	Vidyavihar
				nination. I have remitted complete and correct to				Date:	
				ibed for the examinatio					
				or day fixed for univers ion being found false o					
	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.								
Declaration by Principal/HOD/Chairperson								St	udent's Signature
This t	is form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the sponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical urse/term work (if any) according to university rules.								
Place:									
Date:									



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

Application Form for Examination of Summer Session 2020 event.

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

PRN:		Eligibility Status:		Examination form No.: 080692		Division/Section:	Roll No).:				
2017016400847251			Eligible			Α	4		D.			
Instruction Medium:					Nationality:	India	•					
				Student's Perso	nal Informati	on						
Stud	ent's Name: APTE [Gender: Female										
Nam	lame in Vernacular Language:आपटे देवश्री चंद्रशेखर											
Address: A315, THE PRERANA SOCIETY, MODAK LANE, TILAK CHOWK, KALYAN WEST												
City:	KALYAN, Taluka: Kaly	van, District: ٦	Thane, State: Maha	arashtra, PIN: 421301								
Telephone no.: 2208353 Mobile no: 919323887571 Email : cgapte@gmail.com												
DOB	: Jul 05, 1999	Ca	tegory: Open		Physically Handicap: No							
Previ	ious Latest Examinatio	n Details: Se	m IV(Regular-Rev	16)	Exam Event: Apr-2019 Seat No: 0590600 (State							
Exan	n form appearance type	e: Fresher										
Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)												
SN	Paper Code	Paper Code Paper I			me			AM - AT				
1	85401	Risk Management Th-I						n-UA [] ;Th-CA []				
2	85403	· ·							-UA [] ;Th-CA []			
3	85404	Organisation	A [] ;Th-0	CA[]								
4	85405	Strategic Corporate Finance Th-U							JA [] ;Th-CA []			
5	85407	Corporate Restructuring Th-U/							JA [] ;Th-CA []			
6 UFMFSVI.8 Project Work II					Pw-l			·UA [] ;Pw-CA []				
Convocation Fee Exam Form Late Fe			Fee	e Exam Form Super Late Fee			Examination Fees					
Mark Statement Fee Total:												
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						pt No. and Date: Bank:						
		ama).	MICR No:]	DD Date: Ba			odik.				
	er Preference (Code/N											
	ie Preference (Code/Na The Controller of Exami							Ī ₅ .				
•		•	r the encuing even	nination. I have remitted	the proceribe	ad foo for the same I	horoby	Place: Vidyavihar				
				complete and correct to				Date:				
	have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not											
	request for any special concession such as change in time or day fixed for university Examination etc. on religious 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. Student's Signature											
Dool	aration by Principal/HO	ND/Chairners						Sit	duent's Signature			
	• •	•		, me. The information or	inted in the f	orm is correct to the l	neet of my kn	owledge	Lalso undertake the			
This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.												
Place	ə:											
				-								



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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PRN:		Eligi	bility Status:	Examination fo 080693		Division/Section:	Roll No	ı.:	listande		
2017016400847614		Р	rovisional			Α	53		Luxan		
Instr	uction Medium:	•				Nationality: India					
Student's Personal Information											
Stud	Student's Name: TAWDE PRANITA RAJESH Mother's Name: RASHMI Gender: Female										
Nam	Name in Vernacular Language:प्रणिता										
Address: OM SAI COMPLEX, PHASE 1, D/203, RAM NAGAR, BADLAPUR EAST											
	City: MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400708										
Tele	Telephone no.: Mobile no: 918268378775 Email : pranitatawde78@gmail.com										
	: May 24, 1999		tegory: Open		Physically Handicap: No						
Prev	ious Latest Examinatio	n Details: Se	m IV(Regular-Rev	16)	Exam Event: Apr-2019				Seat No: 0590649 (Status: ATKT)		
	n form appearance type										
Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)											
SN	Paper Code	Paper Name						AM - AT			
1	85401	Risk Management						Γh-UA [] ;Th-CA []			
2	85403								h-UA [] ;Th-CA []		
3	85404								Th-UA [] ;Th-CA []		
4	85405								JA [] ;Th-CA []		
5	85407								n-UA [] ;Th-CA []		
6	UFMFSVI.8	Project Work						Pw-UA [] ;Pw-CA []			
	ocation Fee		Exam Form Late	e Exam Form S		Super Late Fee Exar		amination Fees			
Mark	Statement Fee		Total:								
Pavr	nent Details:	Amount Rece	ived:	C	ollege Receipt	No. and Date:					
DD No: MICR No:				DD Date:			Bank:				
Cent	er Preference (Code/N	ame):									
Venu	ie Preference (Code/N	ame):									
To, ⊺	he Controller of Exam	ination,						Place:	Vidyavihar		
I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I											
have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any											
other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be											
canc	udent's Signature										
Decl	aration by Principal/HC	D/Chairperso	on								
This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.											
Plac	ə :										
Date:				_							
Suite.				College Staff Signature			Seal and Signature of Principal/HOD/Chairperson				



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

Eligibility Status:

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Roll No.:

Division/Section:



:	2017016400847935	Pi	rovisional			Α	2	5		
Instru	uction Medium:	•				Nationality:	India			
		ı		Student's Persor	nal Informati	on				
Stud	ent's Name: ARYA	N KAUSHAL K	KOTWAL			Mother's Name:	SAVITA	(Gender: Male	
Nam	e in Vernacular Langua	age:ARYAN								
Addr	ess: E-106 Army colon	ıy sec-9 Nerul								
		Thane, Distric	t: Thane, State: M	aharashtra, PIN: 400706						
Telep	ohone no.: 27710044		Mob	ile no: 919167566049		En	nail : kotwal_	aryan@yah	noo.com	
DOB	: Apr 29, 1999	Cat	egory: Open		Physically	Handicap: No				
Previ	ious Latest Examinatio	n Details: Ser	m IV(Regular-Rev	16)	Exam Even	t: Apr-2019	S	eat No: 059	90621 (Status: ATKT)	
Exan	n form appearance typ	e: Fresher								
Pape	er Details: Plea	ase select Pa _l	per details which y	ou want to appear (UA -	University A	ssessment,CA - 0	College Asse	ssment)		
SN	Paper Code			Paper Name					AM - AT	
1	85401	Risk Manage	ement		Th-UA [];Th-CA []					
2	85403	Mutual Fund	Management	Th-l					-CA[]	
3	85404	Organisation	al Behaviour	Th-U					-CA[]	
4	85405	Strategic Cor	rporate Finance			-UA [] ;Th-CA []				
5 85407 Corporate Restructuring							Th	-UA [] ;Th-	-CA[]	
6	6 UFMFSVI.8 Project Work II Pw-UA [];Pw-CA []									
Conv	ocation Fee		Exam Form Late	Fee [Exam Form	Super Late Fee	E	xamination	Fees	
Mark	Statement Fee		Total:							
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	er Preference (Code/N		INICK NO.	<u> </u> L	DD Date:		Di	ank:		
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	le Preference (Code/N	,						1		
	The Controller of Exam		r the enquing even	singtion I have remitted t	ho proceribe	d foo for the com	a I barabu	Place:	Vidyavihar	
				nination. I have remitted t complete and correct to t				Date:		
				ibed for the examination						
				or day fixed for university ion being found false or ir						
	elled or rejected.		,	J				٠,	udantla Cianatura	
Daal	avatian bu Drinainal/LC	ND (Oh airm area	<u> </u>					Si	udent's Signature	
	aration by Principal/HC	-		, ma. The information pri	ntad in tha fe	io oorroot to th	hoot of m	len avel a da a	Lalaa uundartaka tha	
	nis form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the sponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical									
	se/term work (if any) a			· ·	_	•			·	
Place	e:									
Date	:				" O: .					
				College Staff Signature			Se	Seal and Signature of Principal/HOD/Chairperson		



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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Seal and Signature of Principal/HOD/Chairperson



	•	1						
	PRN:	Eligibility Status:	Examination form 080695		Division/Section:	Roll No.	.:	Colomone.
	2017016400847997	Provisional			Α	51		-
Instr	uction Medium:	•			Nationality:	India		
		_	Student's Perso	nal Informati	on			
Stud	ent's Name: SRIVAS	TAVA NAMAN RAJESH KUM	AR		Mother's Name: RE	NUKA	C	Gender: Male
Nam	e in Vernacular Languaç	ge:नमन srivastava						
Addr	ess: B-402 Anuvigyan s	ector-4						
City:	kharghar, Taluka: , Dist	rict: Raigad, State: Maharasht	ra, PIN: 410210					
Tele	phone no.:	Mot	oile no: 919969436274		Email	: s.naman10	@gmail.	com
DOB	: Jan 10, 1999	Category: Open		Physically	Handicap: No			
Prev	ious Latest Examination	Details: Sem IV(Regular-Rev	16)	Exam Even	t: Apr-2019	Seat	No: 059	90647 (Status: Pass)
Exar	n form appearance type:	Fresher						
Pape	er Details: Pleas	se select Paper details which y	ou want to appear (UA	- University A	Assessment,CA - Col	lege Assessm	nent)	
SN	Paper Code		Paper Name					AM - AT
1	85401 F	Risk Management				Th-UA	۲ [] ;Th-۱	CA[]
2	85403 N	Mutual Fund Management				Th-UA	A[];Th-	CA[]
3	85404	Organisational Behaviour			Th-UA	Γh-UA [] ;Th-CA []		
4	85405	Strategic Corporate Finance		Th-UA[];Th-CA[]				
5	85407	Corporate Restructuring				Th-UA	A[];Th-	CA[]
6	UFMFSVI.8 F	Project Work II				Pw-U	A [] ;Pw	-CA[]
Conv	ocation Fee	Exam Form Late	Fee	Exam Form	Super Late Fee	Exan	mination Fees	
Mark	Statement Fee	Total:						
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		mount Received:	<u> </u>		No. and Date:	ls .		
DD N		MICR No:		DD Date:		Bank	:	
	er Preference (Code/Na	· · · · · · · · · · · · · · · · · · ·						
	ue Preference (Code/Na	· · · · · · · · · · · · · · · · · · ·						
	The Controller of Examin						Place:	Vidyavihar
decla	are that all statement ma	ent myself for the ensuing exar ade in this application are true,	complete and correct to	the best of n	ny knowledge and be	lief. I	Date:	
		ous and the list of books prescression such as change in time						
othe	r ground. I understand th	at in the event of any informat	ion being found false or	incorrect, my	candidature is liable	to be	l	
	ancelled or rejected. Student's Signature							
Declaration by Principal/HOD/Chairperson								
resp	onsibility of fulfillment/re	zed by the College staff and by ctification of the information. Fording to university rules.						
Place	e:							
Date	:							



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

Application Form for Examination of Summer Session 2020 event.

Examination form No.:

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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Seal and Signature of Principal/HOD/Chairperson

PRN:		Eligi	bility Status:	Examination form 080696	n No.:	Division/Section:	Roll No).:	- S/2):	
:	2017016400848061		Eligible		III	А	46		Carried March	
Instru	uction Medium:	•				Nationality:	India	•		
				Student's Perso	onal Informati	on				
Stud	ent's Name: SHAH F	PRIYAL MILA	AN			Mother's Name: D	AKASHA	G	Gender: Female	
Nam	e in Vernacular Langua	ge:शाह प्रियल	1 मिलन							
Addr	ess: 216/15 AMITA SO	CIETY HING	WALA LANE GHA	TKOPAR EAST						
City:	GHATKOPAR, Taluka:	Mumbai, Dis	strict: Mumbai City,	State: Maharashtra, Pl	N: 400077					
Telep	ohone no.: 21020125		Mob	ile no: 918291394142		Emai	I : PIYUPRIN	PRINCESS91@GMAIL.COM		
DOB	: May 25, 1999	Ca	tegory: Open		Physically	Handicap: No				
Previ	ious Latest Examinatior	Details: Se	m IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Sea	t No: 059	00641 (Status: Pass)	
Exan	n form appearance type	: Fresher								
Pape	er Details: Plea	se select Pa	per details which y	ou want to appear (UA	- University A	Assessment,CA - Co	llege Assessn	sessment)		
SN	Paper Code			Paper Name					AM - AT	
1	85401	Risk Manage	ement	ТІ				A [] ;Th-0	CA[]	
2	85403	Mutual Fund	Management			Th-U	A [] ;Th-0	CA[]		
3 85404 Organisational Behaviour						Th-U	Th-UA [] ;Th-CA []			
4	85405	Strategic Co	rporate Finance				Th-U	A [] ;Th-0	CA[]	
5	85407	Corporate R	estructuring				Th-U	A [] ;Th-0	CA[]	
6	UFMFSVI.8	Project Work	: II				Pw-U	IA [] ;Pw	-CA[]	
Conv	ocation Fee		Exam Form Late	ee Exam Form Super Late Fee			Exa	mination	Fees	
Mark	Statement Fee		Total:							
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	he Controller of Examin	•	r the energing even	sinatian I baya ramittad	l tha nraaarih	ad fac for the come	l barabı.	Place:	Vidyavihar	
	uest permission to prese are that all statement ma							Date:		
	gone through the syllal									
	est for any special conc ground. I understand tl									
	elled or rejected.			g					de alla O'a sala sa	
Declaration by Principal/HOD/Chairperson							Sti	udent's Signature		
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respo	form is carefully scrutin onsibility of fulfillment/re se/term work (if any) ac	ctification of	the information. H							
Place:										
Date:										



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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'e-Suvidha' account on



	PRN:	Eligi	ibility Status:	Examination 1 08069		Division/Section:	Roll No) .:	-de		
2	2017016400848165		Eligible			А	24		- sommete		
Instru	uction Medium:					Nationality:	India				
				Student's P	Personal Informati	ion					
Stude	ent's Name: SAGAF	R GOKUL KO	THAWADE			Mother's Name: RA	ANJANA	(Gender: Male		
Nam	e in Vernacular Langua	age:सागर गोव्	ुळ कोठावदे								
Addr	ess: E-2 /102, MAHI BI	LDG LOKGR/	AM KALYAN EAS	Ī							
	KALYAN, Taluka: Kaly	yan, District: T	hane, State: Maha	ırashtra, PIN: 42130)6						
	phone no.:			oile no: 91983341869			il : sagarkotha	wade3@	ฏgmail.com		
	: Oct 25, 1999		tegory: Reserved (/ Handicap: No					
	ious Latest Examinatio		m IV(Regular-Rev	6)	Exam Event: Apr-2019 Seat No: 0590620 (Status: ATKT)						
	n form appearance type										
	er Details: Plea	ase select Par	per details which y	ou want to appear (UA - University F	ment)					
SN	Paper Code			Paper Nar	me			AM - AT			
1	85401	Risk Manage	ment				IA [] ;Th-				
2	85403	Mutual Fund	l Management				Th-U	IA [] ;Th-	·CA[]		
3	85404	Organisation	al Behaviour					Th-UA [] ;Th-CA []			
4	85405	Strategic Cor	rporate Finance						Th-UA[];Th-CA[]		
5	85407	Corporate Re	estructuring				Th-U	IA [] ;Th-	·CA[]		
6	UFMFSVI.8	Project Work	: 11				Pw-U	JA [] ;Pw	v-CA []		
Conv	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exa	mination	Fees		
Mark	Statement Fee		Total:								
Pavn	nent Details:	Amount Recei	ived:		College Receipt	No. and Date:					
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	er Preference (Code/N		<u></u>								
	ue Preference (Code/Na										
To, T	he Controller of Exami	ination,						Place:	Vidyavihar		
	uest permission to pres										
	are that all statement m gone through the sylla							Date:			
reque	est for any special cond	cession such	as change in time	or day fixed for unive	ersity Examination	on etc. on religious or	r any				
	r ground. I understand t elled or rejected.	that in the eve	ent of any informat	on being found false	e or incorrect, my	candidature is liable	e to be				
Caric	alled or rejected.							St	tudent's Signature		
Decla	aration by Principal/HO	D/Chairperso	on								
respo	This form is carefully scrutinized by 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.										
<u> </u>											
Place) :										
~ · · ·											
Date:	•			College Staff Signature		Seal	and Sigr	nature of			
				00090	College Staff Signature			Seal and Signature of Principal/HOD/Chairperson			



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

Application Form for Examination of Summer Session 2020 event.

Examination form No.:

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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Seal and Signature of Principal/HOD/Chairperson



PRN: Eligibility Status:			bility Status:	Examination form 080698	n No.:	Division/Section:	Roll No	i.:	Thornad da	
:	2017016400848416		Eligible		III	Α	29		1000	
Instru	uction Medium:	•				Nationality:	India			
				Student's Person	onal Informati	on				
Stud	ent's Name: NAGDA	BHAIRAVI	SANJAY			Mother's Name: SA	ADHANA	C	Gender: Female	
Nam	e in Vernacular Langua	ge:Sadhana								
Addr	ess: A/206, Dhaivat tov	ver KalpNagr	i B.R.Road, Mulur	nd West						
City:	Mumbai, Taluka: , Dist	rict: Mumbai	City, State: Mahara	ashtra, PIN: 400080						
Telep	ohone no.: 21642502		Mob	ile no: 919867460069		Emai	l : bhairavinag	Jda@gm	nail.com	
DOB	: May 06, 1999	Ca	tegory: Open		Physically	Handicap: No				
Previ	ious Latest Examination	n Details: Se	m IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Seat	t No: 059	90625 (Status: Pass)	
Exan	n form appearance type	: Fresher								
Pape	er Details: Plea	se select Pa	per details which y	ou want to appear (UA	- University A	Assessment,CA - Co	llege Assessn	essment)		
SN	Paper Code			Paper Name				AM - AT		
1	85401	Risk Manage	ment	Th-l					CA[]	
2	85403	Mutual Fund	Management	Th-					CA[]	
3 85404 Organisational Behaviour						Th-U	Th-UA [] ;Th-CA []			
4	85405	Strategic Co	rporate Finance	Т			Th-U	Th-UA [] ;Th-CA []		
5	85407	Corporate R	estructuring				Th-U	A [] ;Th-	CA[]	
6	UFMFSVI.8	Project Work	(II				Pw-U	IA [];Pw	-CA[]	
Conv	ocation Fee		Exam Form Late	ee Exam Form Si		Super Late Fee	Exar	mination	Fees	
Mark	Statement Fee		Total:							
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	ie Preference (Code/Na									
	he Controller of Exami							Place:	Vidyavihar	
decla	are that all statement m	ade in this ap	oplication are true,	nination. I have remitted complete and correct to	the best of n	ny knowledge and be	elief. I	Date:		
				ibed for the examination or day fixed for universi						
				ion being found false or						
	ancelled or rejected. Student's Signature									
Dool	aration by Principal/HO	D/Chairners						311	udent's Signature	
This respo	form is carefully scrutin	ized by the (ectification of	College staff and by the information. H	/ me. The information p e/she is regular student						
Place	e: 									
Date:										



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

Application Form for Examination of Summer Session 2020 event.

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

	PRN:	Eligi	ibility Status:	Examination form 080699	m No.:	Division/Section:	Roll No.	.:	751 - W
:	2017016400848486		Eligible		IIII	Α	44		Than
Instru	uction Medium:					Nationality:	India		
				Student's Pers	onal Informati	on			
Stud	ent's Name: SHAH [DHARMIL ILE	ESH			Mother's Name: BH	IAVINI	(Gender: Male
Nam	e in Vernacular Langua	ge:શાહ ધર્મિલ	ત ઈલેશ						
Addr	ess: A-13, Munisuvrat [Darshan Nav	roji Lane Ghatkopa	ar - west					
City:	Mumbai, Taluka: Mumb	bai, District: N	Mumbai City, State	: Maharashtra, PIN: 40	0086				
Teler	phone no.: 25132427		Mob	oile no: 919699591280		Email	l : shahdharmi	il3@gma	ail.com
DOB	: Jun 29, 1999	Ca	tegory: Open		Physically	Handicap: No			
Previ	ious Latest Examinatior	n Details: Ser	m IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Seat	No: 059	90639 (Status: ATKT)
Exan	n form appearance type	: Fresher							
Pape	er Details: Plea	ise select Pa	per details which y	ou want to appear (UA	۲ - University A	Assessment,CA - Col	lege Assessm	nent)	
SN	Paper Code			Paper Name	!				AM - AT
1	85401	Risk Manage	ement	Th-I					CA[]
2	85403	Mutual Fund	Management				Th-UA	۲[];Th-	CA[]
3 85404 Organisational Behaviour					Т				CA[]
4	85405	Strategic Co	rporate Finance				Th-UA	۲[];Th-	CA[]
5	85407	Corporate Re	estructuring				Th-UA	۲[];Th-	CA[]
6	UFMFSVI.8	Project Work	c II				Pw-U/	A [] ;Pw	/-CA []
Conv	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exan	nination	Fees
Mark	Statement Fee		Total:						
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decla	uest permission to pres are that all statement managers gone through the syllal	ade in this ap	pplication are true,	complete and correct to	o the best of m	ny knowledge and be	elief. I	Date:	
reque	est for any special conc r ground. I understand t	ession such	as change in time	or day fixed for univers	ity Examinatio	on etc. on religious or	any		
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Place	ə: 								
Date:									



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

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Examination form No.:

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'e-Suvidha' account on



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PRN: Eligibility Status:			ibility Status:	080700	II INO	Division/Section:	Roll No	0.:	212	
2	017016400848591		Eligible			Α	61			
Instru	ction Medium:	•				Nationality:	India	•		
				Student's Pers	onal Informat	ion				
Stude	ent's Name: KOTHA	RI YASH PF	RAKASHCHANDRA	4		Mother's Name: AS	SHA	C	Gender: Male	
Name	in Vernacular Langua	ige:YASH				•				
Addre	ess: 10/B GIRIKUNJ B	UILDING LBS	S MARG GHATKO	PAR WEST MUMBAI 4	100086					
City: I	MUMBAI, Taluka: Kurl	a, District: Mu	umbai Suburban, S	State: Maharashtra, PIN	: 400086					
Telep	hone no.:		Mob	ile no: 919619415920		Emai	l : yashkotha	ri627@gr	mail.com	
DOB:	Oct 15, 1999	Ca	tegory: Open		Physically	Handicap: No				
Previo	ous Latest Examination	n Details: Se	m IV(Regular-Rev1	16)	Exam Even	it: Apr-2019	Sea	at No: 059	0619 (Status: ATKT)	
Exam	form appearance type	e: Fresher								
Pape	r Details: Plea	ise select Pa	per details which y	ou want to appear (UA	- University A	Assessment,CA - Co	llege Assess	ment)		
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1	85401	Risk Manage	ement				Th-U	JA [] ;Th-0	CA[]	
2	85403	Mutual Fund	Management				Th-U	JA [] ;Th-0	CA[]	
3 85404 Organisational Behaviour							Th-U	h-UA [] ;Th-CA []		
4 85405 Strategic Corporate Finance							Th-U	JA [] ;Th-0	CA[]	
5	85407	Corporate R	estructuring				Th-U	JA [] ;Th-0	CA[]	
6	UFMFSVI.8	Project Work	c II				Pw-l	JA [] ;Pw	-CA []	
Conv	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exa	mination	Fees	
Mark	Statement Fee		Total:							
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		Amount Rece		Col		No. and Date:	15			
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Declaration by Principal/HOD/Chairperson				, ma The information n	winted in the f	arm is sorrest to the	haat of my len		l alaa uu dartaka tha	
This form is carefully scrutinized by the College staff and by me. The responsibility of fulfillment/rectification of the information. He/she is recourse/term work (if any) according to university rules.										
Place:										



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

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Seal and Signature of Principal/HOD/Chairperson



PRN: Eli		Eligi	bility Status:	Examination form No.: 080701		Division/Section:		oll No.:	:	3	
:	2017016400848617		Eligible		III	А		9		Judan	
Instru	uction Medium:	•				Nationality:	India				
				Student's Perso	onal Informati	on					
Stude	ent's Name: CHAPL	OT JAY IND	RAMAL			Mother's Nar	me: CHANCH	AL	(Gender: Male	
Nam	e in Vernacular Langua	ge:चपळोत ज	ाय इंद्रमाळ								
Addr	ess: A/102, MAHINDRA	SPLENDO	UR, ISHWAR NAG	AR BHANDUP WEST							
City:	MUMBAI, Taluka: Kurla	a, District: Mu	umbai Suburban, S	tate: Maharashtra, PIN	: 400078						
Telep	phone no.:		Mob	ile no: 917083578350			Email : chap	aplotjay@gmail.com			
DOB	: Nov 16, 1999	Ca	tegory: Open		Physically	Handicap: No	1				
	ous Latest Examination		m IV(Regular-Rev1	(6)	Exam Even	t: Apr-2019		Seat	No: 059	90603 (Status: Pass)	
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SN	Paper Code			Paper Name					AM - AT		
1		Risk Manage							([];Th-		
2 85403 Mutual Fund Management 3 85404 Organisational Behaviour									([];Th-		
3 85404 Organisational Behaviour 4 85405 Strategic Corporate Finance								Th-UA [] ;Th-CA [] Th-UA [] ;Th-CA []			
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Cent	er Preference (Code/Na	ame):									
Venu	e Preference (Code/Na	ime):									
To, T	he Controller of Examin	nation,							Place:	Vidyavihar	
decla	re that all statement ma	ade in this ap	oplication are true,	nination. I have remitted complete and correct to	the best of n	ny knowledge a	and belief. I		Date:		
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other	ground. Í understand t			on being found false or							
canc	cancelled or rejected. Student's Signature										
Decla	aration by Principal/HO	D/Chairperso	on					•			
respo	form is carefully scrutin onsibility of fulfillment/re se/term work (if any) ac	ectification of	the information. H	r me. The information p e/she is regular student	rinted in the forting the following the foll	orm is correct t ge and has cor	to the best of mpleted the re	my kno quired	wledge attenda	. I also undertake the ance and practical	
Place:											
Date:											



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

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Examination form No.:

'e-Suvidha' account on



PRN: Eligibility Status:			080702	-	Division/Section:	Roll No	D.:	Psexkani		
20)17016400848672		Eligible			Α	43		SERVINI	
nstruc	tion Medium:		-			Nationality:	India		-	
				Student's Pe	rsonal Informati	on				
Studer	nt's Name: SEVK	ANI PAYAL G	OVIND			Mother's Name: K	RAN	(Gender: Female	
Name	in Vernacular Langu	lage:सेवकानी प	गयल गोविंद							
Addres ROAD	SS: SAPTSHRUNGI . ,SHAHAPUR. SAPT	APARTMENT SHRUNGI AP	,DESHMUKH WAL 'ARTMENT,DESH	DA,AGRA ROAD,SHA MUKH WADA,AGRA	AHAPUR. SAPT ROAD,SHAHA	SHRUNGI APARTI PUR.	MENT,DESHN	ИUKH W	'ADA,AGRA	
City: S	HAHAPUR, Taluka:	Shahapur, Dis	strict: Thane, State	: Maharashtra, PIN: 4	121601					
Teleph	one no.:		Mob	ile no: 917977454848	8	Ema	il : piyu5090@	gmail.c	om	
DOB: [Dec 30, 1999	Cat	tegory: Open		Physically	Handicap: No				
Previo	us Latest Examination	on Details: Sei	m IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Sea	t No: 05	90638 (Status: Pass)	
Exam f	form appearance typ	e: Fresher								
Paper	Details: Ple	ase select Pa	per details which y	ou want to appear (U	JA - University A	Assessment,CA - Co	llege Assessi	ssessment)		
SN	Paper Code			Paper Nam	ne			AM - AT		
1	85401	Risk Manage	ement			Th-U	A [] ;Th-	-CA[]		
2	85403	Mutual Fund	Management			Th-U	A [] ;Th-	-CA[]		
3	85404	Organisation	al Behaviour			Th-U	Th-UA [];Th-CA []			
4	85405	Strategic Co	rporate Finance				Th-U	Th-UA [];Th-CA []		
5	85407	Corporate Re	estructuring				Th-U	A [] ;Th-	-CA[]	
6	UFMFSVI.8	Project Work	: II				Pw-U	JA [] ;Pv	v-CA []	
Convo	cation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exa	mination	Fees	
Mark S	Statement Fee		Total:							
Payme	ent Details:	Amount Rece	ived:	C	College Receipt	No. and Date:				
DD No			MICR No:	l .	DD Date:		Banl	k:		
Center	Preference (Code/N	Name):	1		-1					
Venue	Preference (Code/N	lame):								
To, Th	e Controller of Exam	nination,						Place:	Vidyavihar	
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				complete and correct bed for the examinat				Date:		
reques	t for any special con	cession such	as change in time	or day fixed for unive	rsity Examination	n etc. on religious o	r any			
	round. I understand led or rejected.	that in the eve	ent of any informati	on being found false	or incorrect, my	candidature is liable	e to be			
Jancer	ied of rejected.							St	udent's Signature	
Declar	ation by Principal/Ho	OD/Chairperso	on							
respor		rectification of	the information. H	r me. The information e/she is regular stude					e. I also undertake the ance and practical	
Place:										
				_						
Date:										
				College Staff Signature Seal and Signature Principal/HOD/Ch						



University of Mumbai, Mumbai

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

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Examination form No.:

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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	PRN:	Eligi	bility Status:	Examination form 080703	n No.:	Division/Section:	Roll No	.:	Roberton		
	2017016400851217		Eligible		III	Α	59		Kalan		
nstr	uction Medium:					Nationality:	India				
				Student's Pers	onal Informati	on					
Stud	ent's Name: YADAV	ROHAN RA	DHESHYAM			Mother's Name: N	IRMALA	(Gender: Male		
Nam	e in Vernacular Langua	ge:रोहन									
Addr	ess: 3c/64 KALPATARI	U AURA, GH	ATKOPER WEST,	L.B.S ROAD, OPP. R-	CITY, MUMB	AI-400086					
City:	MUMBAI, Taluka: , Dis	trict: Mumba	i City, State: Maha	rashtra, PIN: 400086							
Tele	phone no.:		Mob	ile no: 919167370195		Emai	il : ROHANYA	DAV.RY	'1@GMAIL.COM		
DOB	: Jul 05, 1998	Cat	tegory: Open		Physically	Handicap: No					
Prev	ious Latest Examination	n Details: Sei	m IV(Regular-Rev1	(6)	Exam Even	t: Apr-2019	Seat	: No: 059	90654 (Status: Pass)		
Exar	n form appearance type	: Fresher									
Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)											
SN	Paper Code			Paper Name					AM - AT		
1 85401 Risk Management 2 85403 Mutual Fund Management								A [] ;Th-			
2 85403 Mutual Fund Management									Th-UA [] ;Th-CA []		
3			al Behaviour					A [] ;Th-			
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viark	Statement Fee		Total:								
Payr	nent Details:	mount Rece	ived:	Co	llege Receipt	No. and Date:					
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Cent	er Preference (Code/Na	ame):	•								
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Го, Т	he Controller of Exami	nation,						Place:	Vidyavihar		
	uest permission to pres are that all statement ma							Date:			
nave	gone through the sylla	bus and the İ	ist of books prescr	ibed for the examinatio	n for which I a	m appearing. I shall	not	<u> </u>			
	est for any special conc r ground. I understand t										
	elled or rejected.		,	3	,			C+	udantia Cianatura		
امما	aration by Principal/HO	D/Chairmana						50	udent's Signature		
This resp	form is carefully scrutin onsibility of fulfillment/re se/term work (if any) ac	ized by the C ectification of	College staff and by the information. H								
Place:											



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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'e-Suvidha' account on

Seal and Signature of Principal/HOD/Chairperson



Examination form No.: 080704 PRN: Eligibility Status: Division/Section: Roll No .: 2017016400851295 Eligible Instruction Medium: Nationality: India Student's Personal Information Student's Name: **BHANUSHALI UJWAL DINESH** Mother's Name: JAYSHREE Gender: Male Name in Vernacular Language:ભાનુશાલી ઉજવળ દિનેશ Address: KALASH UDHYAN SOCIETY CHAKOR 4, ROOM NO-15 SECTOR-11, KOPARKHAIRNE City: NAVI MUMBAI, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400709 Telephone no.: Mobile no: 919819310388 Email: ujwalbhanushali@gmail.com DOB: Oct 26, 1999 Category: Open Physically Handicap: No Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0590602 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) Paper Code Paper Name AM - AT 85401 Th-UA [];Th-CA [] Risk Management 85403 2 Mutual Fund Management Th-UA []; Th-CA [] 3 85404 Organisational Behaviour Th-UA[];Th-CA[] 4 85405 Strategic Corporate Finance Th-UA[];Th-CA[] 5 85407 Corporate Restructuring Th-UA []; Th-CA [] UFMFSVI.8 Project Work II Pw-UA [] ;Pw-CA [] Examination Fees Convocation Fee Exam Form Late Fee Exam Form Super Late Fee Mark Statement Fee Total: Payment Details: Amount Received: College Receipt No. and Date: MICR No: DD Date: DD No: Bank: Center Preference (Code/Name): Venue Preference (Code/Name): To, The Controller of Examination, Vidyavihar Place: I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby Date: declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other 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 Declaration by Principal/HOD/Chairperson This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she 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:



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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Seal and Signature of Principal/HOD/Chairperson



		\neg	· · · · · · · · · · · · · · · · · · ·	Examination form	n No ·		1			
	PRN:	Eligibi ^r	ility Status:	080705		Division/Section:	Roll No.	.: [Existie	
:	2017016400851392	Pro	ovisional		 	Α	37		C - :	
Instru	uction Medium:					Nationality:	India			
				Student's Perso	onal Informati	on				
Stud	ent's Name: PRAJA	PATI RITIK AS	SHOK			Mother's Name: KA	MALA	C	Gender: Male	
Nam	e in Vernacular Langua	ıge:ગુર્જાતિ								
Addr	ess: 306,Anand society	/,Tanaji chowk	New mill road,ku	rla(W) Mumbai400070						
City:	Mumbai, Taluka: Kurla	, District: Muml	bai Suburban, St	ate: Maharashtra, PIN:	400070					
Telep	phone no.:			nile no: 919820189988		Email	l : ritikprajapat	ti9969@	gmail.com	
DOB	: May 16, 2000	Cate	egory: Open		Physically	Handicap: No				
Previ	ious Latest Examination	n Details: Sem	IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Seat	i No: 059	90633 (Status: Pass)	
Exan	n form appearance type	e: Fresher								
Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Asses								nent)		
SN Paper Code Paper Name							AM - AT			
1	85401	Risk Managem	nent			Th-UA	A [] ;Th-0	CA[]		
2	85403	Mutual Fund M	/lanagement			Th-UA	A [] ;Th-0	CA[]		
3	85404	Organisational	I Behaviour				h-UA [] ;Th-CA []			
4	85405	Strategic Corpo	orate Finance				Th-UA	A [] ;Th-0	CA []	
5	85407	Corporate Res	structuring				Th-U/	A [] ;Th-0	CA[]	
6	UFMFSVI.8	Project Work II	1				Pw-U	A [] ;Pw-	-CA []	
Conv	ocation Fee	E	Exam Form Late I	Fee	Exam Form	Super Late Fee	Exar	mination	Fees	
Mark	Statement Fee	T	Total:							
_		Amount Receive		Coll	T -	No. and Date:				
DD N			MICR No:		DD Date:		Bank	:		
	er Preference (Code/Na									
	ue Preference (Code/Na	<u> </u>								
	The Controller of Exami							Place:	Vidyavihar	
decla	are that all statement m	ade in this appl	olication are true,	nination. I have remitted complete and correct to	the best of n	ny knowledge and be	elief. I	Date:		
				ibed for the examinatior or day fixed for universited the contraction in the contraction						
other	r ground. I understand t	hat in the even	nt of any informati	ion being found false or	incorrect, my	candidature is liable	to be			
canc	cancelled or rejected. Student's Signature									
Dack	aration by Principal/HO	ID/Chairnerson						0	Juent's Olynature	
This respons	form is carefully scruting	nized by the Co ectification of th	ollege staff and by the information. He	y me. The information pr e/she is regular student						
Place	ə:									
Date:										



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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Eligibility Status:

'e-Suvidha' account on

Roll No .:

Seal and Signature of Principal/HOD/Chairperson

Division/Section:



Examination form No.: 080706 2017016400851403 Eligible Instruction Medium: Nationality: India Student's Personal Information Student's Name: PATEL PRAVINKUMAR RAJUBHAI Mother's Name: SHILPABEN Gender: Male Name in Vernacular Language:પટેલ પ્રવિણક્રમાર Address: kansai section near gaon devi mandir kansai college City: ambernath, Taluka: Ambarnath, District: Thane, State: Maharashtra, PIN: 421501 Telephone no.: 2609042 Mobile no: 917391893688 Email: pravinpatel2620@gmail.com DOB: Jan 26, 2000 Physically Handicap: No Category: Open Previous Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Seat No: 0590630 (Status: Pass) Exam form appearance type: Fresher Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment) Paper Code Paper Name AM - AT 85401 Th-UA [];Th-CA [] Risk Management 85403 2 Mutual Fund Management Th-UA []; Th-CA [] 3 85404 Organisational Behaviour Th-UA[];Th-CA[] 4 85405 Strategic Corporate Finance Th-UA[];Th-CA[] 5 85407 Corporate Restructuring Th-UA []; Th-CA [] UFMFSVI.8 Project Work II Pw-UA [] ;Pw-CA [] Convocation Fee Exam Form Late Fee **Examination Fees** Exam Form Super Late Fee Mark Statement Fee Total: Payment Details: Amount Received: College Receipt No. and Date: MICR No: DD Date: DD No: Bank: Center Preference (Code/Name): Venue Preference (Code/Name): To, The Controller of Examination, Vidyavihar Place: I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby Date: declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other 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 Declaration by Principal/HOD/Chairperson This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she 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:



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

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Examination form No.:

'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

PRN: Elig			ibility Status:	080707	II INO	Division/Section:	Roll No).:	
	2017016400851956		Eligible			А	58		
Instru	uction Medium:					Nationality:	India		
				Student's Person	onal Informat	ion			
Stude	ent's Name: VERMA	VIJAY MAN	101			Mother's Name: HI	EMLATA		Gender: Male
Name	e in Vernacular Langua	ge:वर्मा विजर	य मनोज						
Addr	ess: SHANKHESHWAR	R KIRAN BL	DG NO. 1/503 WA	YLE NAGAR - KHAD/	AKPADA KAL	YAN (WEST)			
City:	KALYAN, Taluka: Kalya	an, District: T							
	phone no.:			oile no: 917208567204			il : vickyverma	32411.vv	@gmail.com
	3: Nov 24, 1999		tegory: Open			/ Handicap: No			
	ious Latest Examination		m IV(Regular-Rev1	6)	Exam Ever	nt: Apr-2019	Seat	t No: 059	90653 (Status: Pass)
	n form appearance type								
	1	se select Par	per details which ye	ou want to appear (UA	-	Assessment,CA - Co	llege Assessn	nent)	
SN	Paper Code			Paper Name					AM - AT
1		Risk Manage						A [] ;Th-	
2			I Management					A [] ;Th-	
3	 		nal Behaviour				n-UA [] ;Th-CA []		
4			rporate Finance					A [] ;Th-	
5		Corporate Re	<u>-</u>					A [] ;Th-	
6	UFMFSVI.8	Project Work	: II				<u> </u>	JA [] ;Pw	
Conv	vocation Fee		Exam Form Late F	ee Exam Form Super Late Fee			Exar	mination	Fees
Mark	Statement Fee		Total:						
Payn	ment Details:	Amount Recei	eived:	Co	llege Receipt	No. and Date:			
DD N		-	MICR No:		DD Date:		Bank	<u> </u>	
Cent	ter Preference (Code/Na	ame):	1						
	ue Preference (Code/Na								
To, T	The Controller of Examir	nation,						Place:	Vidyavihar
decla	uest permission to prese are that all statement ma	ade in this ap	pplication are true,	complete and correct to	o the best of n	ny knowledge and be	elief. I	Date:	
reque other	e gone through the syllate est for any special conce r ground. I understand the	ession such	as change in time of	or day fixed for universi	sity Examination	on etc. on religious or	r any		
cance	relled or rejected.							St	udent's Signature
	aration by Principal/HOI	-							
respo	form is carefully scrutini onsibility of fulfillment/re se/term work (if any) acc	ectification of	f the information. He						
Place	9 :								
Date:	ei:								



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

Application Form for Examination of Summer Session 2020 event.

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	PRN:	Eligi	bility Status:	Examination form 080708	No.:	Division/Section	n: R	oll No.:	Jal -	
:	2017016400852097		Eligible			Α		18	Roudal	
nstru	uction Medium:	!				Nationality:	India			
				Student's Perso	nal Informati	on				
Stud	ent's Name: GUPTA	AANCHAL A	ARVIND			Mother's Name	e: ANITA		Gender: Female	
Nam	e in Vernacular Langua	ige:गुप्ता आंच	ाल अरविंद							
٩ddr	ess: 3/37 laxmi bai bho	osle building,	shivaji nagar sai c	hawl, thane						
City:	thane, Taluka: Thane,	District: Thar	ne, State: Maharas	htra, PIN: 400604						
Telep	phone no.:		Mob	ile no: 919920240170		E	Email : anch	alg2000@gma	ail.com	
DOB	: Aug 05, 1999	Cat	tegory: Open		Physically	Handicap: No		1		
Previ	ous Latest Examination	n Details: Sei	m IV(Regular-Rev1	16)	Exam Even	t: Apr-2019		Seat No: 05	90613 (Status: ATKT)	
	n form appearance type									
_		ise select Pa	per details which y	ou want to appear (UA	- University A	Assessment,CA	- College As	sessment)		
SN	Paper Code			Paper Name					AM - AT	
1	85401	Risk Manage						Th-UA [] ;Th-		
2	85403		Management			Th-UA [] ;Th-				
3	85404		al Behaviour					Th-UA [] ;Th-		
4	85405		rporate Finance					Th-UA [] ;Th-	• • • • • • • • • • • • • • • • • • • •	
5	85407	Corporate Re						Th-UA [] ;Th-		
6	UFMFSVI.8	Project Work						Pw-UA [] ;Pv		
	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee		Examination Fees		
Mark	Statement Fee		Total:							
Pavn	nent Details:	Amount Rece	ived [.]	Coll	ege Receipt	No. and Date:				
DD N			MICR No:	<u> </u>	DD Date:			Bank:		
	er Preference (Code/Na	ame):		I						
	e Preference (Code/Na									
Γο, Τ	he Controller of Exami	nation,						Place:	Vidyavihar	
decla	re that all statement m	ade in this ap	plication are true,	nination. I have remitted complete and correct to	the best of n	ny knowledge ar	nd belief. I	Date:		
				ibed for the examination or day fixed for universit						
		hat in the eve	ent of any informat	ion being found false or	incorrect, my	candidature is I	liable to be			
canc	elled or rejected.							St	udent's Signature	
Decla	aration by Principal/HO	D/Chairperso	on							
esp		ectification of	the information. H	/ me. The information pr e/she is regular student						
Place	:									
				1			1			



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

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	PRN:	Eligi	bility Status:	Examination form 080709	1 No.:	Division/Section:	Roll N	0.:	Mondo:	
	2017016400852236		Eligible			Α	45			
Instr	uction Medium:	•				Nationality:	India			
				Student's Perso	onal Informati	on				
Stud	ent's Name: SHAH F	FIRDOS HAE	BIBULLAH			Mother's Name: SA	ALMA	C	Gender: Female	
Nam	e in Vernacular Langua	ge:शाह फिरदं	ोस हबीबुल्लाह							
Addr	ess: A2/802, dsk madhu	uban mehra i	industrial compoun	d andheri kurla road						
City:	MUMBAI, Taluka: Mum	bai, District:			0072					
Tele	phone no.:		Mob	ile no: 919320185098		Emai	I : mahishah	221@gma	ail.com	
DOB	: Nov 30, 1999	Cat	tegory: Open		Physically	Handicap: No				
Prev	ious Latest Examinatior	n Details: Sei	m IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Sea	at No: 059	90640 (Status: Pass)	
Exar	Exam form appearance type: Fresher									
Pape	er Details: Plea	se select Pa	per details which y	ou want to appear (UA	- University A	Assessment,CA - Co	llege Assess	ment)		
SN	Paper Code			Paper Name					AM - AT	
1	85401 I	Risk Manage	ement				Th-U	JA [] ;Th-	CA[]	
2	85403 I	Mutual Fund	Management				Th-U	JA [] ;Th-	CA[]	
3 85404 Organisational Behaviour							Th-U	JA [] ;Th-	CA[]	
4	85405	Strategic Co	rporate Finance				Th-L	JA [] ;Th-	CA[]	
5	85407	Corporate Re	estructuring				Th-L	JA [] ;Th-	CA[]	
6	UFMFSVI.8	Project Work	: 11				Pw-l	UA [] ;Pw	-CA []	
Conv	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exa	amination	Fees	
Mark	Statement Fee		Total:							
Dove	nent Deteiler	maunt Daga	ive de	Coll	laga Dagaint	No. and Data:				
DD N		mount Rece	MICR No:		DD Date:	No. and Date:	Ban	.le:		
	er Preference (Code/Na	-mo):	IVIICK NO.		DD Date.		Dali	ıĸ.	_	
	ue Preference (Code/Na									
	The Controller of Examir							Place:	Vidyavihar	
	uest permission to prese		r the ensuing exan	nination. I have remitted	the prescribe	ed fee for the same.	I hereby	l'idec.	Vidyaviilai	
decla	are that all statement ma	ade in this ap	plication are true,	complete and correct to	the best of n	ny knowledge and be	elief. I	Date:		
	gone through the syllatest for any special conc									
othe	r ground. Í understand tl									
canc	icelled or rejected. Student's Signature									
Decl	eclaration by Principal/HOD/Chairperson									
resp	form is carefully scrutin onsibility of fulfillment/re se/term work (if any) acc	ectification of	the information. H							
Place	e:									



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

Application Form for Examination of Summer Session 2020 event.

Examination form No.:

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PRN: Eligibility Status:			bility Status:	Examination form 080710	ı No.:	Division/Section:	Roll N	0.:	N	
	2017016400852252		Eligible			Α	3		Horeen	
nstr	uction Medium:					Nationality:	India			
				Student's Perso	onal Informati	ion				
Stud	ent's Name: ANSAF	RI AFREENBA	ANO MOHDFURQ	AN		Mother's Name: F	RUKHSANA	(Gender: Female	
Nam	e in Vernacular Langua	age:Ansari aa	frin mohd furqan							
Addr	ess: Plot no-14 line no	-O room no-8	Shivaji nagar gova	andi						
City:	Mumbai, Taluka: Mum	bai, District: N	Mumbai City, State	: Maharashtra, PIN: 400	0043					
	ohone no.:		Mob	ile no: 918689982002		Ema	ail : shaikh.reh	nan78614	3@gamil.com	
DOB	: Jan 08, 2000	Cat	tegory: Open		Physically	/ Handicap: No				
⊃rev	ious Latest Examinatio	n Details: Sei	m IV(Regular-Rev1	(6)	Exam Even	nt: Apr-2019	Sea	at No: 059	90599 (Status: Pass)	
Exar	n form appearance typ	e: Fresher								
Pape	er Details: Plea	ase select Pa	per details which y	ou want to appear (UA	- University A	Assessment,CA - C	ollege Assess	ment)		
SN	Paper Code			Paper Name					AM - AT	
1	85401	Risk Manage	ement				Th-U	JA [] ;Th-	·CA[]	
2	85403	Mutual Fund	Management				Th-U	JA [] ;Th-	·CA[]	
3	85404	Organisation	al Behaviour				Th-U	JA [] ;Th-	·CA[]	
4	85405	Strategic Co	rporate Finance			Th-U	Th-UA [] ;Th-CA []			
5	85407	Corporate Re	estructuring			Th-U	Th-UA [] ;Th-CA []			
6	UFMFSVI.8	Project Work	c II				Pw-l	JA [];Pw	/-CA[]	
Conv	ocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exa	amination	Fees	
Mark	Statement Fee		Total:							
				T						
		Amount Rece	T			No. and Date:		_		
1 DC			MICR No:		DD Date:		Ban	k:		
	er Preference (Code/N									
	ie Preference (Code/N							_		
	he Controller of Exam							Place:	Vidyavihar	
				nination. I have remitted complete and correct to				Date:		
nave	gone through the sylla	abus and the I	list of books prescr	ibed for the examinatior	for which I a	am appearing. I sha	ll not			
				or day fixed for universition being found false or						
	elled or rejected.	anat in the eve	one or any iniormat	on being lound raise of	incorrect, my	y canalaatare is hab	ic to be			
								St	udent's Signature	
	aration by Principal/HC	-								
	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									
	se/term work (if any) a			c/3/10 is regular stade/it	or triis conc	ge and has complet	ca the require	a atterior	arice and practical	
		-								
Plac	e:									
				_						
Date	· ·									
				College Staff Signature			Seal and Signature of			
								Principal/HOD/Chairperson		



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

Application Form for Examination of Summer Session 2020 event.

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Examination form No.:

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PRN:		Eligi	ibility Status:	Examination form 080711	า No.:	Division/Section:	Roll No	ა.:	a silvi		
2	2017016401265926		Eligible		i III	Α	63		Salahi		
nstrı	uction Medium:					Nationality:	India				
				Student's Perso	onal Informati	ion					
Stude	lent's Name: SINGH	SAKSHI PRA	AMOD			Mother's Name: SA	ARITA	(Gender: Female		
lam	ne in Vernacular Langua	age:sakshi									
ddr	ress: R.no. 16, Eknath k	rupa building	Eknath mhatre na נ	agar,Near rokel depo Ma	anpada road						
city:	: Dombivli, Taluka: Kalya	an, District: T	hane, State: Maha	ırashtra, PIN: 421201							
eler	phone no.:		Mob	oile no: 919167055322		Emai	l : shubhamsi	ingh9029	9@gmail.com		
ОВ	3: Feb 11, 2000	Cat	tegory: Open		Physically	y Handicap: No					
revi	vious Latest Examination	n Details: Ser	m IV(Regular-Rev1	16)	Exam Ever	nt: Apr-2019	Sea	t No: 059	90646 (Status: Pass)		
xan	m form appearance type	e: Fresher									
ape	er Details: Pleas	ise select Par	per details which y	ou want to appear (UA	- University /	Assessment,CA - Co	llege Assessr	ment)			
SN	Paper Code			Paper Name					AM - AT		
1	85401 F	Risk Manage	ement				Th-U	IA [] ;Th-	-CA[]		
2	85403	Mutual Fund	Management				Th-U	IA [] ;Th-	-CA[]		
3	85404	Organisationa	al Behaviour				Th-U	IA [] ;Th-	-CA[]		
4	85405	Strategic Cor	rporate Finance			Th-U	Th-UA [];Th-CA []				
5	85407	Corporate Re	estructuring						Th-UA [];Th-CA []		
6	UFMFSVI.8	Project Work	(II				Pw-U	JA [] ;Pw	v-CA []		
Conv	vocation Fee		Exam Form Late	Fee	Exam Form	Super Late Fee	Exa	mination	Fees		
/lark	k Statement Fee		Total:								
		Amount Recei	1		· ·	No. and Date:					
DD N			MICR No:		DD Date:		Bank	<u>c:</u>			
	ter Preference (Code/Na										
	ue Preference (Code/Na										
•	The Controller of Examir	•						Place:	Vidyavihar		
				nination. I have remitted complete and correct to				Date:			
				ribed for the examination							
				or day fixed for universit							
	r ground. I understand tr celled or rejected.	hat in the eve	ent of any informati	ion being found false or	incorrect, my	/ candidature is liable	to be				
		_					_	St	tudent's Signature		
)ecla	laration by Principal/HOI	D/Chairperso	on								
				y me. The information pr							
	onsibility of fulfillment/re rse/term work (if any) acc			le/she is regular student	of this Colle	ge and has complete	d the required	d attenua	ance and practical		
Place	e.					ļ	l				
						ļ	l				
)ate:	7.										
iaic.	•			College Staff Signature			Seal and Signature of				
				Conege otali dignatare			Principal/HOD/Chairperson				



University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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	PRN:	Eligibility Status:	Examination form 080712	n No.:	Division/Section:	Roll No	::	love a non		
:	2017016401910342	Provisional		III	Α	47		Aseddhaut H. Shah		
Instru	uction Medium:	•	•		Nationality:	India	-			
			Student's Person	onal Informati	on					
Stud	ent's Name: SIDDHA	NT HITESH SHAH			Mother's Name: SE	JAL	(Gender: Male		
Nam	e in Vernacular Languaç	ge:સિદ્ધાંત હિતેશ શાહ								
Addr	ess: ANAND, C/361, BE	HIND DR'S GOEL NURSING	HOME SAMTA COLON	IY						
City:	RAIPUR, Taluka: RAIP	UR, District: Raipur, State: Ch	nattisgarh, PIN: 492001							
Telep	ohone no.:	Mol	oile no: 919589014888		Emai	l : siddhpurus	h@gma	il.com		
DOB	: Aug 06, 1999	Category: Open		Physically	Handicap: No					
Previ	ious Latest Examination	Details: Sem IV(Regular-Rev	16)	Exam Even	t: Apr-2019	Seat	: No: 059	90642 (Status: Pass)		
Exan	n form appearance type:	Fresher								
Pape	er Details: Pleas	se select Paper details which y	ou want to appear (UA	- University A	Assessment,CA - Col	lege Assessn	nent)			
SN	Paper Code		Paper Name					AM - AT		
1	85401 F	Risk Management				Th-U	4 [] ;Th-	CA[]		
2	85403 N	Mutual Fund Management				Th-U/	4 [] ;Th-	CA[]		
3	85404	Organisational Behaviour				Th-U/	4 [] ;Th-	CA[]		
4	85405	Strategic Corporate Finance					۲ [] ;Th-	CA[]		
5	1 3									
6	6 UFMFSVI.8 Project Work II Pw-UA [];Pw-CA []									
Conv	ocation Fee	Exam Form Late	Fee	Exam Form	Super Late Fee	Exar	mination	Fees		
Mark	Statement Fee	Total:								
Pavn	nent Details: A	mount Received:	Col	lege Receipt	No. and Date:					
DD N		MICR No:		DD Date:		Bank	:			
Cent	er Preference (Code/Na	me):				I				
	ie Preference (Code/Na	•								
To, T	he Controller of Examin	ation,					Place:	Vidyavihar		
decla	are that all statement ma	ent myself for the ensuing example in this application are true,	complete and correct to	the best of n	ny knowledge and be	elief. I	Date:			
		ous and the list of books presc ession such as change in time								
other	ground. I understand th	nat in the event of any informa								
canc	elled or rejected.						St	udent's Signature		
Decla	aration by Principal/HOI	D/Chairperson					•			
This respo	This form is carefully scrutinized by 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	e:									
Date	:							nature of D/Chairperson		



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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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Seal and Signature of Principal/HOD/Chairperson

	PRN:	Eligibility Status:	Examination fo		Division/Section:	Roll No	.:	Harshel	
	2017016401910357	Eligible			Α	28		Harshit	
Instru	uction Medium:				Nationality:	India			
			Student's Pe	rsonal Informat	ion	-			
Stud	ent's Name: MISHR	A HARSHIT RAMESH			Mother's Name: Gl	EETA		Gender: Male	
Nam	e in Vernacular Langua	ge:मिश्रा हर्षित रमेश					•		
Addr	ess: SHRI OMKAR SO	CIETY, 307/04 NEAR SONIYA	SAINATH MARUTI N	MANDIR, PANT	NAGAR, GHATKOP	AR EAST			
City:	MUMBAI, Taluka: Kurla	a, District: Mumbai Suburban, S	State: Maharashtra, P	IN: 400075					
Tele	phone no.:	Mol	oile no: 91865237134	5	Emai	l : rameshmis	hra661@	gmail.com	
DOB	: Apr 03, 2000	Category: Open		Physically	Handicap: No				
Prev	ious Latest Examinatior	n Details: Sem IV(Regular-Rev	16)	Exam Even	it: Apr-2019	Seat	: No: 059	90624 (Status: Pass)	
Exan	n form appearance type	: Fresher							
Pape	er Details: Plea	se select Paper details which y	ou want to appear (l	JA - University A	Assessment,CA - Co	lege Assessn	nent)		
SN	Paper Code		Paper Nam	ne				AM - AT	
1	85401	Risk Management				Th-UA	4 [] ;Th-	CA[]	
2	85403	Mutual Fund Management				Th-U	۲ [] ;Th-	CA[]	
3	85404	Organisational Behaviour				Th-U	4 [] ;Th-	CA[]	
4	85405	Strategic Corporate Finance				Th-U	۲ [] ;Th	CA[]	
5	85407	Corporate Restructuring				Th-U	4 [] ;Th-	CA[]	
6	UFMFSVI.8	Project Work II				Pw-U	A [] ;Pw	r-CA []	
Conv	ocation Fee	Exam Form Late	Fee	Exam Form	Super Late Fee	Exar	mination	Fees	
Mark	Statement Fee	Total:							
			1_						
_		mount Received:	C	College Receipt	No. and Date:	1			
DD N		MICR No:		DD Date:		Bank	:		
_	er Preference (Code/Na								
	ue Preference (Code/Na	,							
	The Controller of Examin						Place:	Vidyavihar	
decla	are that all statement ma	ent myself for the ensuing exar ade in this application are true, bus and the list of books presci	complete and correct	to the best of n	ny knowledge and be	elief. I	Date:		
requ	est for any special conc	ession such as change in time hat in the event of any informat	or day fixed for unive	rsity Examination	on etc. on religious or	any			
	elled or rejected.	natin the event of any informat	ion boing round raise	01 1110011001, 111)		, 10 20			
	Student's Signature								
Declaration by Principal/HOD/Chairperson This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the									
responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.									
Place	e:								
Date	:								



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Application Form for Examination of Summer Session 2020 event.

Examination form No.:

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Seal and Signature of Principal/HOD/Chairperson

PRN:		Eligi	bility Status:	Examination forn 080714	n No.:	Division/Section:	Roll No	Roll No.:			
	2017016401910373		Eligible		III	Α	21		Con a series of the series of		
Instr	uction Medium:					Nationality:	India				
				Student's Person	onal Informati	on					
Stud	lent's Name: JAIN HI	IMANSHU R	AKESH			Mother's Name: S	ANGEETA		Gender: Male		
Nam	ne in Vernacular Langua	ige:जैन हिमांश	गु rakesh								
Addı	ress: 302, lili Apartment	Agyari lane,	Tembhi naka Than	ne west, naupada							
City:	mumbai, Taluka: Than	e, District: Th	nane, State: Mahara	ashtra, PIN: 400601							
Tele	phone no.: 25334536		Mob	ile no: 919769942011		Ema	il : Himanshuj	ain6999	@gmail.com		
DOE	3: Sep 06, 1999	Cat	tegory: Open		Physically	Handicap: No					
Prev	rious Latest Examination	n Details: Sei	m IV(Regular-Rev1	6)	Exam Even	t: Apr-2019	Seaf	t No: 05	90616 (Status: Pass)		
Exar	xam form appearance type: Fresher										
Pape	er Details: Plea	se select Pa	per details which yo	ou want to appear (UA	- University A	Assessment,CA - Co	ollege Assessn	nent)			
SN	Paper Code			Paper Name					AM - AT		
1 85401 Risk Management							Th-U	A [] ;Th	-CA[]		
2 85403 Mutual Fund Management							A [] ;Th				
3	+	Organisation	al Behaviour					Th-UA [] ;Th-CA []			
4 85405 Strategic Corporate Finance								A [] ;Th			
5		Corporate Re	estructuring				Th-U	A [] ;Th	-CA[]		
6	UFMFSVI.8	Project Work	: II		1		Pw-U	A [] ;Pv	v-CA []		
	vocation Fee		Exam Form Late I	Fee	Exam Form	Super Late Fee	Exa	minatior	n Fees		
Mark	Statement Fee		Total:								
Payr	ment Details:	mount Rece	ived:	Col	lege Receipt	No. and Date:					
1 DD			MICR No:		DD Date:		Bank	:			
Cent	ter Preference (Code/Na	ame):					•				
Venu	ue Preference (Code/Na	ame):									
To, T	The Controller of Exami	nation,						Place:	Vidyavihar		
decla	uest permission to pres are that all statement ma	ade in this ap	oplication are true,	complete and correct to	the best of n	ny knowledge and b	elief. I	Date:			
requ	e gone through the syllal est for any special conc r ground. I understand t	ession such	as change in time of	or day fixed for universi	ty Examination	n etc. on religious o	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										
Decl	aration by Principal/HO	D/Chairperso	on								
resp	form is carefully scrutin onsibility of fulfillment/re se/term work (if any) ac	ectification of	the information. He								
Place:											



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

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Examination form No.:

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PRN: Eligibility Status:			ibility Status:	Examination form 080715		Division/Section:	Roll No	.:	Hamrata		
2	2017016401910381		Eligible			Α	8				
Instru	ıction Medium:					Nationality:	India				
				Student's Perso	onal Informati	on					
Stude	ent's Name: SHETTY	Y NAMRATA	RAMESH			Mother's Name: SI	HANTHI	G	Gender: Female		
Name	e in Vernacular Languaç	ge:शेट्टी नम	ता रमेश								
Addre	ess: 201, 2ND FLOOR,	A-WING, SA	ALJYOTI BLDG., K	KISAN NAGAR NO.2, W	/AGLE ESTA	TE, THANE					
City:	THANE, Taluka: Thane	, District: Th	ane, State: Mahara	ashtra, PIN: 400604							
	phone no.:		Mob	pile no: 918879140067		Emai	il : rameshvick	.y64@gm	nail.com		
	: Mar 09, 1999		tegory: Open		, ' ' '	Handicap: No					
Previ	ous Latest Examination	Details: Ser	m IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Seat	: No: 059	0645 (Status: Pass)		
	n form appearance type:	: Fresher									
 -		se select Pa	per details which y	ou want to appear (UA	- University A	Assessment,CA - Co	llege Assessn	nent)			
SN	Paper Code			Paper Name					AM - AT		
1		Risk Manage				Th-U	A [] ;Th-0	CA[]			
2 85403 Mutual Fund Management								A [] ;Th-0			
3 85404 Organisational Behaviour							Th-UA [] ;Th-CA []				
4	85405	Strategic Co	rporate Finance						Th-UA [] ;Th-CA []		
5		estructuring			A [] ;Th-0						
6	UFMFSVI.8 F	Project Work	(II				Pw-U	A [] ;Pw-	-CA[]		
Conv	ocation Fee		Exam Form Late	Fee	ee Exam Form Super Late Fee			mination	Fees		
Mark	Statement Fee		Total:								
Dov.	nent Details: Ar	mount Recei		Cal	logo Dogoint	No. and Date:					
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	er Preference (Code/Na		IWICK NO.		DD Date.		Dalik	-			
	e Preference (Code/Na										
	he Controller of Examin							Disco	\(\text{P} \) \(\te		
-			or the ensuing evan	nination. I have remitted	l the prescrib	ad fee for the same	I hereby	Place:	Vidyavihar		
decla	re that all statement ma	ade in this ap	pplication are true,	complete and correct to ibed for the examination	the best of n	ny knowledge and be	elief. I	Date:			
				or day fixed for universit							
other	ground. I understand th			ion being found false or							
cance	elled or rejected.							Stu	ıdent's Signature		
Decla	aration by Principal/HOD	D/Chairperso	on								
respo		ctification of	f the information. H	y me. The information pre/she is regular student							
Place	3 :										
Date:											



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

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

PRN:	Eligibility Status:		n No.:	Division/Section:	Roll No.:	:	Colo
2017016401910396	Eligible		IIII	Α	11		(W)
uction Medium:				Nationality:	India		
	_	Student's Perso	onal Informati	on			
lent's Name: CHHUP	KA MAMTA PURANCHANDR	Ā		Mother's Name: SU	JNITA	C	Gender: Female
e in Vernacular Languaç						•	
ess: 12/2, GAWADE SA	DAN, KISAN NAGAR NO.2,	WAGLE ESTATE, THAI	NE WEST				,
THANE, Taluka: Thane	, District: Thane, State: Mahar	ashtra, PIN: 400604					
phone no.:	Mo	Email	: mchhupka@	⊉gmail.c	com		
3: Aug 23, 1998	Category: Open		Physically	Handicap: No			
ious Latest Examination	Details: Sem IV(Regular-Rev	16)	Exam Even	t: Apr-2019	Seat	No: 059	90605 (Status: Pass)
n form appearance type:	Fresher						
er Details: Pleas	se select Paper details which	you want to appear (UA	- University A	Assessment,CA - Coll	ege Assessm	ent)	
Paper Code		Paper Name					AM - AT
85401 F	Risk Management				Th-UA	۲[];Th-(CA[]
85403 N	Mutual Fund Management				Th-UA	۲[];Th-(CA[]
+	Organisational Behaviour						
85405 S	Strategic Corporate Finance				Th-UA	۲[];Th-(CA[]
85407 C	Corporate Restructuring				Th-UA	۲[];Th-(CA[]
UFMFSVI.8 F	oroject Work II				Pw-UA	۹[];Pw	r-CA []
vocation Fee	Exam Form Late	Fee	Exam Form	Super Late Fee	Exam	nination	Fees
Statement Fee	Total:						
mont Dotaile: A	mount Doggivad:	Col	Ilogo Peceint	No and Date:			
				No. and Date.	Rank:		
			DD Date.		Dank.		
•							
<u> </u>	<u>'</u>					Diago	Videovibor
		mination. I have remitted	the prescribe	ed fee for the same. I		Piace.	Vidyavihar
are that all statement ma	ade in this application are true,	, complete and correct to	the best of m	ny knowledge and be	lief. I	Date:	
r ground. I understand th							
elled or rejected.						Stı	udent's Signature
aration by Principal/HO[D/Chairperson						duonico organizata
form is carefully scrutinizensibility of fulfillment/red	ized by the College staff and bectification of the information. F	y me. The information pole/she is regular student	rinted in the fo t of this Collec	orm is correct to the b ge and has completed	est of my kno I the required	wledge. attenda	. I also undertake the ance and practical
							1
e:							
	ent's Name: CHHUPI e in Vernacular Languages: 12/2, GAWADE SA THANE, Taluka: Thane, phone no.: c: Aug 23, 1998 ious Latest Examination form appearance type: pr Details: Please Paper Code 85401 F 85403 N 85404 C 85405 S 85407 C UFMFSVI.8 F Vocation Fee Statement Fee Interpretation of the Controller of Examination type: pr Details: Please Preference (Code/Naue Preference (Code/Naue Preference (Code/Naue Preference) (Code/Naue Prefer	Eligible uction Medium: ent's Name: CHHUPKA MAMTA PURANCHANDR e in Vernacular Language:खुपका ममता पूर्णचंद्र ess: 12/2, GAWADE SADAN, KISAN NAGAR NO.2, Nathana Phone no.: Exaug 23, 1998 Category: Open ious Latest Examination Details: Sem IV(Regular-Revent of page 1) form appearance type: Fresher Paper Code 85401 Risk Management 85403 Mutual Fund Management 85404 Organisational Behaviour 85405 Strategic Corporate Finance 85407 Corporate Restructuring UFMFSVI.8 Project Work II Vocation Fee Exam Form Late Exam Form Late Exam Form Late Exam Form Late Exam Form Late Exam Form Late Exam Form Late Freference (Code/Name): Inter Preference	PRN: Eligibliny Status: 080716 2017016401910396 Eligible Unction Medium: Student's Persion Redium: Mobile no: 917045501859 Category: Open ious Latest Examination Details: Sem IV(Regular-Rev16) In form appearance type: Fresher In form appearance type: Fresher In Details: Please select Paper details which you want to appear (UA Paper Code Redium: Rediu	Eligible Student's Personal Informatic ent's Name: CHHUPKA MAMTA PURANCHANDRA e in Vernacular Language:खुपका ममता पूर्णचंद्र ess: 12/2, GAWADE SADAN, KISAN NAGAR NO.2, WAGLE ESTATE, THANE WEST THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604 phone no.: Aug 23, 1998 Category: Open Mobile no: 917045501859 Exam Even in form appearance type: Fresher For Details: Please select Paper details which you want to appear (UA - University A Paper Name 85401 Risk Management 85403 Mutual Fund Management 85404 Organisational Behaviour 85405 Strategic Corporate Finance 85407 Corporate Restructuring UFMESVI.8 Project Work II Focation Fee Exam Form Late Fee Statement Fee Total: MICR No: DD Date: Per Preference (Code/Name): The Controller of Examination, uest permission to present myself for the ensuing examination. I have remitted the prescribe are that all statement made in this application are true, complete and correct to the best of no gone through the syllabus and the list of books prescribed for the examination for which I are set for any special concession such as change in time or day fixed for university Examination or ground. I understand that in the event of any information being found false or incorrect, my elled or rejected. Branch Principal/HOD/Chairperson form is carefully scrutinized by the College staff and by me. The information printed in the foundsibility of fulfillment/rectification of the information. He/she is regular student of this College selferm work (if any) according to university rules.	PRIN: Eligibile Bligible Blight Status: 080716 A A viction Medium: Nationality: Student's Personal Information ent's Name: CHHUPKA MAMTA PURANCHANDRA Mother's Name: SU ein Vernacular Language: उपका समता पूर्णचंद ess: 12/2, GAWADE SADAN, KISAN NAGAR NO.2, WAGLE ESTATE, THANE WEST THANE, Taluka: Thane, District: Thane, State: Maharashtra, PIN: 400604 phone no: Mobile no: 917045501859 Email is: Aug 23, 1998 Category: Open Physically Handicap: No ious Latest Examination Details: Sem IV(Regular-Rev16) Exam Event: Apr-2019 Inform appearance type: Fresher Potatils: Please select Paper details which you want to appear (UA - University Assessment, CA - Coll Paper Code Paper Name 85401 Risk Management 85403 Mutual Fund Management 85404 Organisational Behaviour 85405 Strategic Corporate Finance 85407 Corporate Restructuring UFMFSVI.8 Project Work II Vocation Fee Exam Form Late Fee Exam Form Super Late Fee Extatement Fee Total: Incord Code/Name): Perference (Code/Name): Preference (Code/Name): The Controller of Examination, usest personal information. Have remitted the prescribed fee for the same. I are that all statement made in this application are true, complete and correct to the best of my knowledge and be gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall set for any special concession such as change in time or day fixed for university Examination etc. on religious or ground. I understand that in the event of any information being found false or incorrect, my candidature is liable elled or rejected. aration by Principal/HOD/Chairperson form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the secter work (if any) according to university Examination etc. on religious or secter my work (if any) according to university rules.	Eligible Iliminimi	Eligible Statement Statement Sear Form Late Fee Exam Form Super Late Fee Examination Statement Fee Exam Form Late Fee Exam Form Super Late Fee Examination Statement Fee Exam Form Super Late Fee Examination Statement Fee Statement Fee Exam Form Super Late Fee Examination Statement Fee Statement Fee Examination Statement Fee Statement Fee Examination Statement Fee Statement Fee Examination Statement Fee St



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

Application Form for Examination of Summer Session 2020 event.

 $B. Com.\ (F.M.) (with\ Credits) - Regular-Rev16-T.Y.B. Com. (F.M.) - Sem\ VI\ [2C00256]$

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

PRN:		Eligi	ibility Status:	Examination form 080717	080717 Division/Section: Roll No.:					
2	2017016401910407		Eligible		I	А	36		your.	
Instru	ıction Medium:					Nationality:	India			
				Student's Persor	nal Informati	on				
Stude	ent's Name: PAWA	R YASH PRA	/DIP			Mother's Name: SU	JNITA		Gender: Male	
Name	e in Vernacular Langua	age:पवार यश	प्रदीप							
Addre	ess: YASH BANGLOW	/, GULMOHA	R COLONY SATP	UR, NASHIK						
	NASHIK, Taluka: Nasl	hik, District: N	lashik, State: Maha	arashtra, PIN: 422007						
Telep	phone no.:		Mob	oile no: 917588819194	no: 917588819194 Email : amedhane@rediffmail.com					
DOB:	: Oct 27, 1999	Cat	tegory: Reserved (OBC)	Physically Handicap: No					
Previ	ous Latest Examinatio	n Details: Se	m IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Seat	No: 059	90632 (Status: Pass)	
	n form appearance type									
		ase select Pa	per details which y	ou want to appear (UA -	University A	Assessment,CA - Col	lege Assessn	nent)		
SN	Paper Code			Paper Name					AM - AT	
1	85401	Risk Manage						4 [] ;Th-		
2 85403 Mutual Fund Management 3 85404 Organisational Behaviour								4 [] ;Th-		
3	85404				Th-UA [] ;Tl					
4 85405 Strategic Corporate Finance							4 [] ;Th-			
5 85407 Corporate Restructuring Th-UA [];								UA [];Th-CA []		
6	UFMFSVI.8	Project Work	(II				Pw-U	A [] ;Pw	-CA []	
	ocation Fee		Exam Form Late	Fee	Exam Form Super Late Fee Examination Fo			Fees		
Mark	Statement Fee		Total:							
Paym	nent Details:	Amount Rece	ived:	Colle	ege Receipt	No. and Date:				
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Cente	er Preference (Code/N	lame):		<u> </u>						
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To, T	he Controller of Exam	ination,						Place:	Vidyavihar	
				nination. I have remitted to				Date:		
				complete and correct to tibed for the examination				Date.		
reque	est for any special cond	cession such	as change in time	or day fixed for university	/ Examination	on etc. on religious or	any			
	ground. I understand elled or rejected.	that in the eve	ent of any informati	ion being found false or i	ncorrect, my	candidature is liable	e to be			
000								Stı	udent's Signature	
Decla	aration by Principal/HC	D/Chairperso	on							
respo	nis form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the sponsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical purse/term work (if any) according to university rules.									
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University of Mumbai, Mumbai

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

Application Form for Examination of Summer Session 2020 event.

B.Com. (F.M.)(with Credits)-Regular-Rev16-T.Y.B.Com.(F.M.)-Sem VI [2C00256]

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'e-Suvidha' account on



Seal and Signature of Principal/HOD/Chairperson

	PRN:	Eligi	bility Status:	Examination form 080718	No.:	Division/Section:	Roll No) .:	Dhardri		
	2017016403361663	Р	rovisional		II	Α	05		Thates		
nstrı	uction Medium:	•				Nationality:	India				
				Student's Perso	nal Informati	on					
Stud	ent's Name: ARORA	A CHANDNI I	RAJ			Mother's Name: JY	OTI	(Gender: Female		
Nam	e in Vernacular Langua	age:अरोरा चां	ंदनी राज								
٩ddr	ess: 1202, ICON, ASH	AR ENCLAVI	E, KOLSHET ROA	D, DHOKALI, THANE W	/EST						
City:	THANE, Taluka: Thane	e, District: Th	ane, State: Mahara	ashtra, PIN: 400607							
Tele	ohone no.:		Mob	ile no: 919324277703		Emai	l:				
	: Jun 09, 1999		tegory: Open		Physically	Handicap: No					
⊃rev	ious Latest Examination	n Details: Se	m IV(Regular-Rev1	16)	Exam Even	t: Apr-2019	Sea	t No: 910	0035 (Status: Pass)		
	n form appearance type	e: Fresher									
	er Details: Plea	se select Pa	per details which y	ou want to appear (UA -	- University A	Assessment,CA - Col	lege Assessr	ment)			
SN	Paper Code			Paper Name					AM - AT		
1	85401	Risk Manage	ement					A [] ;Th-			
2	85403	Mutual Fund	Management					A [] ;Th-			
3	85404	Organisation	al Behaviour						-UA [] ;Th-CA []		
4	85405	Strategic Co	rporate Finance				Th-U	A [] ;Th-	CA[]		
5	85407	Corporate R	estructuring				Th-U	-UA [] ;Th-CA []			
6	UFMFSVI.8	Project Work	c II				Pw-L	JA [] ;Pw	/-CA []		
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	elled or rejected.		o o. a,oa.	ion boing round raise or							
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				/ me. The information pr e/she is regular student							
cour	se/term work (if any) ac	ccording to ur	niversity rules.								
Place	e :										



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	PRN:	Eligi	ibility Status:	Examination f 08071		Division/Section:	Roll No	ა.:	reason		
:	2017016403361671	P	Provisional		-	Α	6		Name		
Instru	uction Medium:					Nationality:	India				
				Student's Pr	ersonal Informati	on					
Stude	ent's Name: BHADF	RA HETAL SU	JNDER			Mother's Name: VA	ARSHA	(Gender: Female		
Nam	e in Vernacular Langua	age:भद्रा हेतर	न सूंदर								
Addr	ess: C/401, TRIRUSHI	I SAPTRISHI	PARK, SWAPNA	NAGARI, MULUND	WEST						
	MUMBAI, Taluka: Kurl	la, District: Μι									
	phone no.:			oile no: 91865576258		Emai	<u>I:</u>				
	i: Jun 16, 1999		tegory: Open			Handicap: No					
							Sea	t No: 910	0032 (Status: Pass)		
	Exam form appearance type: Fresher										
Paper Details: Please select Paper details which you want to appear (UA - University Assessment,CA - College A								ment)	=		
SN	Paper Code			Paper Nar	me				AM - AT		
1	85401	Risk Manage						JA [] ;Th-			
2	85403		Management					JA [] ;Th-			
3	85404 85405	Organisation						Th-UA [];Th-CA [] Th-UA [];Th-CA []			
4	85405 85407	1	rporate Finance								
5 6		Corporate Re						JA [] ;Th-			
_		Project Work	Exam Form Late	Γ	Even Form	Curar Lata Eag		JA [] ;Pw mination			
	vocation Fee Statement Fee		Total:	ree	Exam Form	Super Late Fee	Exa	Miriation	rees		
Main	Statement i ee		10.01.								
Payn	nent Details:	Amount Recei	ived:	,	College Receipt	No. and Date:					
DD N	10:		MICR No:		DD Date:		Bank	K:			
Cent	er Preference (Code/N	lame):									
	ue Preference (Code/N										
	The Controller of Exami							Place:	Vidyavihar		
decla	uest permission to pres are that all statement me gone through the sylla	nade in this ap	pplication are true,	complete and correct	ct to the best of m	ny knowledge and be	elief. I	Date:			
reque	est for any special cond	cession such	as change in time	or day fixed for unive	ersity Examinatio	on etc. on religious or	r any				
	r ground. I understand telled or rejected.	that in the eve	ent of any informat	on being found talse	e or incorrect, my	candidature is liable	e to be				
								St	tudent's Signature		
	aration by Principal/HC										
This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.									e. I also undertake the ance and practical		
Place	э :						 				
Date:	:			College	e Staff Signature			and Sign	nature of D/Chairperson		
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Seal and Signature of Principal/HOD/Chairperson



PRN:		Eligibility Status:	Examination form 080720	n No.:	Division/Section:	Roll No.	:	1	
2017016403361694		Provisional			Α	56		Agner (Candidate's Sig	
Instru	uction Medium:	•	•		Nationality:	India			
Student's Personal Information									
Student's Name: TOLE OMME AYMAN ABDUL HAMID Mother's Name: GULSHAN Gender: Female									
Name in Vernacular Language:टोले ओम्मे अयमान अब्दुल हामिद									
Address: B/16, FIRDAUS APT., NEW HILL ROAD KURLA WEST									
City: MUMBAI, Taluka: Kurla, District: Mumbai Suburban, State: Maharashtra, PIN: 400070									
Telephone no.: Mobile no: 919322768294 Email :									
DOB: May 19, 2000 Category: Open				Physically Handicap: No					
		Details: Sem IV(Regular-Rev	16)	Exam Event: Apr-2019 Seat No:				202 (Status: ATKT)	
Exam form appearance type: Fresher									
Paper Details: Please select Paper details which you want to appear (UA - University Assessment, CA - College Assessment)									
SN	Paper Code Paper Name						AM - AT		
1	85401 Ri	Risk Management					Th-UA [] ;Th-CA []		
2	85403 M	Mutual Fund Management					Th-UA [] ;Th-CA []		
3	85404 O	Organisational Behaviour					Th-UA [] ;Th-CA []		
4	85405 St	Strategic Corporate Finance Th						h-UA [] ;Th-CA []	
5	85407 C	Corporate Restructuring Th						n-UA [] ;Th-CA []	
6 UFMFSVI.8 Project Work II							Pw-UA [] ;Pw-CA []		
Convocation Fee		Exam Form Late Fee		Exam Form Super Late Fee		Exan	Examination Fees		
Mark Statement Fee Total:									
Payment Details: Amount Received: College Receipt No. and Date:									
DD No:		MICR No:					Bank:		
Center Preference (Code/Name):				DD Date.			Dalik.		
Venue Preference (Code/Name):									
To, The Controller of Examination, Place: Vidyavihar								Vidyavihar	
I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I									
have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not									
request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be									
cancelled or rejected.									
Student's Signature									
Declaration by Principal/HOD/Chairperson This forms is confully constituted by the College staff and by use. The information oriented in the forms is constant to the heat of my leaved adopted a large staff and by use.									
This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.									
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Place:									
Date:									